The
CANADIAN NURSE

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PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

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MONTREAL, MAY, 1952

Reports for the Biennial Period 1950-52

The reports of the various officers, chairmen, and conveners of committees of the Canadian Nurses' Association are presented in this issue so that every member may have an opportunity to study them before the convention in June.

Convention Week is going to be a very full and busy time. In order that discussion on these reports may be full and to the point, the Executive Committee authorized this presentation in the May issue. It is recommended that every association that is sending a representative analyze these reports to provide a background of opinion.

None of these reports has been presented to the Executive Committee and must be accepted as tentative reports, subject to some possible revision when actually presented.

No mimeographed folios of these reports will be prepared by our National Office so it is earnestly requested that you—

BRING THIS COPY WITH YOU!

Report of General Secretary

The program of the Canadian Nurses' Association for the biennial period, 1950-52, has followed the usual pattern. Recommendations adopted by the Executive Committee, as submitted by national, special, and joint committees—as well as the recommendations which the Executive Committee has initiated and adopted during the past two years—have helped to point the way to specific and related goals for nurses

and nursing in Canada. To this end, the total objectives of the Canadian Nurses' Association have been promoted by the staff at National Office.

Membership:

The total membership of this association, reported to National Office:

As of December 31, 1950, was	30,333
As of December 31, 1951, was	29,226
As noted, there has been a *decrease* in membership of	1,107

National Office personnel:

While every effort was made during the past biennium to find an assistant secretary, at the time of preparing this report no permanent appointment has been made. We wish to pay special tribute to the excellent services rendered by Miss Marion Nash, who continued to act as temporary assistant for over a year; owing to ill health, Miss Nash finally had to give up, even on a part-time basis.

For several months your general secretary carried on as the only professional member of the staff. Miss Margery Walker, a graduate of New Plymouth Hospital School of Nursing, New Zealand, joined the staff on January 2, 1952, as temporary assistant secretary; she has agreed to remain until after the biennial convention in June, 1952.

Mrs. Marie Bérubé, the bilingual stenographer who handles the French correspondence, has also undertaken some of the French translations. This, of course, is a time-consuming service and, due to limited secretarial staff, we are unable to undertake all the translations requested. Some of this work must, therefore, be done by specialists in this field.

Mrs. Agnes O'Donnell, typist and filing clerk, obtained a position offering more salary and a five-day week, and resigned from the National Office staff on April 30, 1951. She was replaced by Miss Mari Piile.

National Office activities:

Correspondence during 1950-52 related chiefly to the following:

1. Requests for information from Federal Government and other national organizations concerning supply and demand for nurses; student recruitment; salary schedules for nurses; registration requirements and employment possibilities for nurses from countries all over the world.
2. Requests for information and pamphlets from applicants for schools of nursing.
3. Requests for information on various aspects of nursing, from nurses taking advanced work in universities who are writing a thesis or term paper.
4. Requests for assistance in securing nursing personnel for various positions, chiefly for positions of administration.
5. Assistance and guidance have been given to national and special committees, as requested.

Although we have not had a statistical worker at National Office during this biennium, every effort has been made to continue the statistical studies initiated in 1946 on the student withdrawal rate and the annual report on student enrolment. It is deeply regretted, by National Office staff, that time and personnel were not available to continue other much-needed statistical studies on nursing and nurses, for which there are such numerous requests.

Reports of national and special committees are included in this issue of the *Journal* and give a comprehensive picture of the activities of the Canadian Nurses' Association. The following new committees were appointed by the Executive Committee:

Special Committee to Study Auxiliary Nursing Personnel.

Special Committee to Prepare a Plan for Nursing in a National Emergency.

Special Committee to Study the Financial Situation of *The Canadian Nurse* (dissolved).

Advisory Committee on Placements for the World Health Organization.

Canadian Commission on Nursing: (Joint Committee—Canadian Hospital Council, Canadian Nurses' Association, Canadian Medical Association).

Joint Committee on Nursing Demonstration School: Canadian Education Association, Canadian Nurses' Association.

National Office secretarial staff serve as secretaries on many of the national and special committees. The general secretary is a member of the following committees:

National Nursing Advisory Committee, Victorian Order of Nurses for Canada, Ottawa; Advisory Nursing Committee, Victorian Order of Nurses for Canada, Montreal Branch; National Nursing Advisory Committee, Canadian Red Cross Society; Advisory Committee, Committee of Management, Association of Nurses of the Province of Quebec; Defence Medical and Dental Services Advisory Board–alternate representative; Ways and Means Committee, International Council of Nurses; Panel of Experts on Nursing, World Health Organization.

Members of the professional secretarial staff at National Office have attended, when possible, and participated in the discussions of the Joint Planning Commission, Canadian Association for Adult Education.

Publications during 1950-52:

1. "Opprtunities Offered to Graduate Nurses in Universities and Hospitals in Canada" was revised for the April, 1951, issue of *The Canadian Nurse;* reprints were procured and distributed, upon request.

2. "Facts About Nursing in Canada" has been revised and the information contained therein has been increased; this booklet is in great demand.

3. "Recommendations on Personnel Policies, 1950, Canadian Nurses' Association," were prepared by the national Committee on Labor Relations and arrangements for printing and distributing were made by National Office.

4. The Act of Incorporation and a revision of the By-Laws of the Canadian Nurses' Association were printed and distributed to provincial nurses' associations in the quantities requested.

5. "A Proposed Curriculum for Schools of Nursing in Canada" is now out of print. Although requests are still received for this booklet, we continue to explain that a revision will be considered when the results of the Demonstration School of Nursing are published and studied.

6. Extracts from the press clipping service on nursing continue to be popular and, from comments received, we believe they are considered of value.

Field work of members of staff:

Beginning with a visit to New Brunswick early in March, 1951, the general secretary carried out a very full itinerary of field visits, including the four western provinces (beginning with Manitoba), from April 21 to June 1, 1951. During this period, the general secretary attended and addressed the members at three provincial annual meetings (Manitoba, Saskatchewan, and Alberta) on current nursing topics. Eight chapters were visited and addresses delivered in British Columbia and talks were given to the student body in several schools of nursing. A total of ten talks was given to student groups and staff nurses in five hospitals throughout Alberta.

The annual meeting of the Registered Nurses' Association of Nova Scotia in June and that of the Association of Nurses of Prince Edward Island held early in October, 1951, were attended also and addressed by the general secretary.

During these field visits, the general secretary made a point of interviewing various governmental and hospital authorities and a great deal of time was spent interpreting nursing problems, etc.

International interests:

A momentous event for nurses occurred in May, 1951. The United Nations Commission on the Status of Women, meeting at Lake Success, had before it a report of the World Health Organization Expert Committee on Nursing. For the first time, nursing was an item on the agenda of a United Nations body. The result was history-making. The Commission unanimously adopted a resolution requesting the Secretary General of the United Nations—

To draw the attention of Member States to the importance of ensuring (a) wider recognition for the professional status of nursing and (b) legal protection for this status.

It was recommended that non-governmental organizations cooperate with governments and professional nurses' associations for these purposes. In electric speeches to support the resolution, Commission members paid tribute to nurses and stated that to recognize the dignity of the nursing profession means a step forward for all women.

Participating at the meeting were: Special International Council of Nurses' representative, Miss Ruth Sleeper; permanent International Council of Nurses' representative, Miss Effie Taylor; and Miss Lucile Petry, representing the World Health Organization Expert Committee on Nursing.

The full resolution was forwarded to all provincial nurses associations.

It was the good fortune of the general secretary to be present at sessions of the Economic and Social Council of the United Nations in Geneva when this resolution was considered during the sessions on the Status of Women; the resolution concerning the Status of Nurses was accepted without revision.

The general secretary accompanied the president to the Board of Directors' meetings of the International Council of Nurses, held in Brussels, August 20-25, 1951. The general secretary also attended special meetings of the Ways and Means Committee, I.C.N., and, in the absence of Miss Lucy Germain, chairman, acted as temporary chairman of these meetings.

A request was also received by the general secretary from the Hospital Division of the American College of Surgeons to participate in and give an address during a three-day conference held in Boston, Mass., in October, 1950, the topic assigned being "The Present Nursing Situation in Canada."

In August, 1951, the general secretary received a request from the administrator of the Federal Security Agency, United States Public Health Service, to participate in a work conference on Aging, to be held in Washington, D.C. Inquiries were made through the American Nurses' Association concerning the nature of the conference. When it was learned that this particular conference was being held primarily to acquaint and interest lay groups and the public generally with the increasing problems resulting from an aging population, it seemed advisable to decline the invitation.

Talks and articles on nursing:

On invitation from District 8, Registered Nurses' Association of Ontario, Ottawa, the general secretary and Miss Nash conducted a panel discussion on Canadian Nurses' Association activities. This was undertaken as an experiment in interpreting the C.N.A. to the members at large.

Talks have been given also to the student body at McGill University School for Graduate Nurses on "New Horizons in Nursing" and to the senior students in schools of nursing in Montreal. Articles were prepared, upon request, for the following:

1. *The Anglican Outlook*—a 1,000-word article entitled "The Changing Order and Nursing."
2. The Public Relations Department of the Canadian Medical Association, for publication in the *Journal of the Canadian Medical Association*—an article entitled "As Others See Us."
3. *The Canadian Nurse*, October, 1951—an article entitled "Central Schools for Rural Areas." This was copied, by request, in *The Canadian Hospital*, November, 1951.
4. Health League of Canada—articles for publication during National Health Week.

Articles prepared for publication:

5. A brochure on Nursing, designed for members of the attending medical staff in hospitals, was prepared upon the request of the Canadian Commission on Nursing.

C.N.A. affiliation with international organizations:

During this biennium, the Canadian

Nurses' Association has become affiliated with the Canadian Mental Health Association, for the purpose of participating in the benefits of membership in the World Federation for Mental Health but with the membership fee of the World Federation shared by several organizations. This affiliation entitles the C.N.A. to receive pamphlets and other material on mental health that are distributed by the World Federation, including the bimonthly bulletin. Members of the C.N.A. may also attend the general and plenary sessions of the World Federation congresses. The association will receive also all the regular publications of the Canadian Mental Health Association.

Membership in the International Hospital Federation has been taken out also and entitles the Canadian Nurses' Association to participate in the Information Service for members who wish for information on hospital matters in other countries, as well as to receive the International Hospital Federation quarterly *News Bulletin* and reports on the proceedings of conferences which take place from time to time.

C.N.A. affiliation with national organizations:

Since 1944, the Canadian Nurses' Association has been affiliated with the National Council of Women and has been represented at their annual meetings each year. The president of the C.N.A., when possible, attends a conference of national presidents held annually by the National Council of Women.

Conference on Nursing Aspects of Atomic Warfare:

Arrangements were made by the Department of National Health and Welfare for the president and general secretary to attend a five-day institute on the Nursing Aspects of Atomic Warfare, given by the United States Public Health Service, held in Atlanta, Georgia, in January, 1951.

Exchange of Nurses Committee:

A very thorough review of activities since its reorganization in 1947 was made by the Exchange of Nurses Committee in February, 1952, and resulted in the following resolution being submitted to a meeting of the Executive Committee, on February 14, 1952, at which time it was adopted:

> WHEREAS, There has been poor response on the part of the nurses to exchange possibilities; and
>
> WHEREAS, The majority of nurses are seeking employment without the benefit of a planned program; and
>
> WHEREAS, Arranging for employment is not the function of the Exchange of Nurses Committee of the Canadian Nurses' Association;
>
> The Exchange of Nurses Committee recommends to the Executive Committee that the Exchange of Nurses Committee be dissolved.

In accepting this recommendation the Exchange of Nurses Committee understands that all inquiries concerning the possibilities of employment directed to them will continue to be the responsibility of the National Office, C.N.A.

Executive meetings:

The staff at National Office has carried the work involved in preparation for and follow-up resulting from three-day Executive Committee meetings which have been held in Montreal and in Windsor, Ont.

GERTRUDE M. HALL

Owing to the recent visits by the general secretary to the provincial associations, it was decided not to hold a Registrars' Conference during the past year.

Service to members:

Organization work is a continuous service. If the association is to succeed, this service must be constant, effective, and available to the members. The Canadian Nurses' Association appears to be more remote from the individual members than are the provincial associations and there is less tangible evidence of the value of a national association to the individual members. This has been one of the disappointing features of our service. When more personnel is employed at National Office, it is hoped that more extensive services may be provided to all the members of the Canadian Nurses' Association.

GERTRUDE M. HALL
General Secretary

Report of Treasurer

Affiliation fees: The annual affiliation fee has been increased under the provisions of *By-Law I, Section 2*, namely:

> Commencing January 1, 1952, an annual membership fee of Two Dollars ($2.00) per member shall be collected by the provincial association to which each nurse belongs and shall be remitted to this Association by the said provincial association on March 31, June 30, September 30, and December 31, following the date of collection as the case may be.

The affiliation fee to the International Council of Nurses for 1951 and 1952, at the rate of 8d. per member, has been paid; in addition, the Executive Committee approved the amount allocated to national associations by the Florence Nightingale International Foundation—namely, one-third of the annual affiliation fee to the International Council of Nurses during the next two-year period—and recommended that the allocation to the Canadian Nurses' Association shall be paid from the general funds of the association.

Re-investment of Canadian Nurses' Association and The Canadian Nurse Journal Funds: Dominion of Canada Bonds to the amount of $3,500, held by the Canadian Nurses' Association, were called; Dominion of Canada Bonds to the amount of $3,000, held for *The Canadian Nurse Journal* Protection Fund, were also called on June 1, 1950. In accordance with the decision of the Executive Committee in meeting June 22, 1950, these funds were re-invested as follows:

For account of the Canadian Nurses' Association: Dominion of Canada 2¾% Bonds, due 1967-68, at $100—$3,500.

For account of The Canadian Nurse Journal Protection Fund: Dominion of Canada 2¾% Bonds, due 1967-68, at $100—$3,000.

National Office rental increase: In October, 1950, we were advised by the rental agents for our National Office premises that, as from May 1, 1951, our rental would be increased from $175 to $190 a month.

GERTRUDE M. HALL
Treasurer

An accident victim often suffers more from shock than from the actual injury. If the patient has cold perspiration on the forehead, cold clammy skin, shallow breathing, rapid pulse and is dazed, treat him for shock. Stop any bleeding, let him lie down and keep him warm. If there is no internal injury, he may have hot beverage such as coffee or tea.

CANADIAN NURSES' ASSOCIATION

Statement of Revenue and Expenses

FOR THE YEAR ENDED DECEMBER 31, 1950

REVENUE			
Affiliation fees			$30,333.00
Interest received			382.37
Curricula and supplements			151.26
Sale of pamphlets			203.70
Token grants			6,828.18
Biennial meeting revenue		$10,652.80	
Less biennial meeting expenses		10,452.95	
			199.85
			38,098.36
EXPENSES			
Salaries		15,513.36	
Rent		2,100.00	
Unemployment insurance		131.52	
Telephone and telegrams		588.67	
Light and water		145.87	
Audit and legal fees		400.40	
Travelling expenses:			
Executive	$4,953.33		
General	2,014.79		
		6,968.12	
Stationery and printing		470.44	
Office supplies and expenses		635.74	
Multigraphing and stencils		309.50	
Advertising — Official Directory		320.00	
Advertising — other		57.50	
Library		167.78	
Press clippings		493.83	
Official entertainment		98.96	
Insurance, general		50.29	
Postage and excise		406.00	
Bank charges		24.16	
Depreciation on furniture and fixtures		181.39	
			29,063.53
			9,034.83
DEDUCT			
National Committees — Meetings and Projects:			
Educational Policy Committee		424.52	
National Committees		1,081.61	
		1,506.13	
International Council of Nurses:			
Fees		2,608.20	
Loss on securities sold		34.74	
			4,149.07
Net Revenue for year ended December 31, 1950			$ 4,885.76

Statement of Revenue and Expenses

FOR THE YEAR ENDED DECEMBER 31, 1951

REVENUE	
Affiliation fees	$29,226.00
Interest received	812.96
Curricula and supplements	125.14
Token grants	7,916.75
	38,080.85

EXPENSES			
Salaries		$15,369.32	
Rent		2,220.00	
Unemployment insurance		146.12	
Telephone and telegrams		653.09	
Light and water		164.28	
Audit and legal fees		525.00	
Travelling expenses:			
Executive	$5,322.68		
General	1,509.75		
		6,832.43	
Stationery and printing		792.01	
Office supplies and expenses		727.06	
Multigraphing and stencils		815.35	
Advertising — Official Directory		320.00	
Library		196.72	
Press clippings		383.65	
Official entertainment		90.56	
Insurance — general		105.82	
Postage and excise		388.66	
Bank charges		1.73	
Depreciation on furniture and fixtures		232.65	
			29,964.45
DEDUCT			8,116.40
National Committees — Meetings and Projects:			
Educational Policy Committee		172.35	
National Committees		1,634.35	
		1,806.70	
International Council of Nurses:			
Fees		2,904.94	
Travelling		1,737.19	
Florence Nightingale Foundation Grant		2,500.00	
Structure Study		8,106.23	
			17,055.06
Net Loss for year ended December 31, 1951			$ 8,938.66

Canadian Nurses' Association

BALANCE SHEET AS OF DECEMBER 31, 1950

Assets

CURRENT ASSETS			
Cash on hand and in bank			$19,138.71
Affiliation fees outstanding			2,552.00
Dominion of Canada and other bonds at cost — (par value $18,200.00)			18,186.63
			39,877.34
LOAN FUND			
Cash in bank		$ 7,069.87	
Loans to member nurses		2,494.61	
			9,564.48
Furniture and fixtures, less depreciation			725.54
			50,167.36
SPECIAL FUNDS			
The Canadian Nurse Journal Fund			
Cash in bank		428.86	
Dominion of Canada bonds at cost — (par value $3,500.00)		3,500.00	
Canadian National Railways bonds at cost — (par value $500.00)		500.00	
Accounts receivable — General Fund		30.00	
			4,458.86
War Memorial Trust Fund — Library			
Cash in bank			3,534.32
Mary Agnes Snively Memorial Fund			
Cash in bank		21.79	
80 shares Bank of Montreal at cost		2,144.00	
			2,165.79

National Memorial Fund		
Cash in bank	9.76	
15 shares Royal Bank of Canada at cost	305.00	
		314.76
E. Frances Upton Fund		
Cash in bank		238.05
TOTAL SPECIAL FUNDS		10,711.78
		$60,879.14

Liabilities

CURRENT LIABILITIES		
Accounts payable — *The Canadian Nurse Journal* Fund		$ 30.00
SURPLUS		
Amount at December 31, 1949	$45,251.60	
Add net revenue for year ended December 31, 1950	4,885.76	
		50,137.36
		50,167.36
SPECIAL FUND RESERVES — per contra		
The Canadian Nurse Journal Fund	4,458.86	
War Memorial Trust Fund — Library	3,534.32	
Mary Agnes Snively Memorial Fund	2,165.79	
National Memorial Fund	314.76	
E. Frances Upton Fund	238.05	
		10,711.78
		$60,879.14

BALANCE SHEET AS OF DECEMBER 31, 1951

Assets

CURRENT ASSETS		
Cash in bank and on hand		$ 6,808.28
Affiliation fees outstanding		1,624.00
Metropolitan Demonstration School of Nursing		5,253.50
Dominion of Canada and other bonds at cost — (par value $18,200.00)		18,186.63
Deferred expenses—re 1952 biennial meeting		209.55
		32,081.96
LOAN FUND		
Cash in bank	$ 5,775.03	
Loans to member nurses	3,850.99	
		9,626.02
Furniture and fixtures, less depreciation		930.60
		42,638.58
SPECIAL FUNDS		
The Canadian Nurse Journal Fund		
Cash in bank	502.49	
Dominion of Canada bonds at cost — (par value $3,500.00)	3,500.00	
Canadian National Railways bonds at cost — (par value $500.00)	500.00	
Accounts receivable — General Fund	111.88	
		4,614.37
War Memorial Trust Fund—Library		
Cash in bank		2,977.19
Mary Agnes Snively Memorial Fund		
Cash in bank	118.11	
80 shares Bank of Montreal at cost	2,144.00	
		2,262.11
National Memorial Fund		
Cash in bank	12.83	
15 shares The Royal Bank of Canada at cost	305.00	
Accounts receivable — General Fund	3.00	
		320.83

E. Frances Upton Fund		
Cash in bank		323.91
TOTAL SPECIAL FUNDS		10,498.41
		$53,136.99

Liabilities

CURRENT LIABILITIES		
Accounts payable:		
The Canadian Nurse Journal Fund		$ 111.88
National Memorial Fund		3.00
Advances for commercial exhibits — re 1952 biennial meeting		1,325.00
		1,439.88
SURPLUS		
Amount at December 31, 1950	$50,137.36	
Less net loss for year ended December 31, 1951	8,938.66	
		41,198.70
		42,638.58
SPECIAL FUND RESERVES — per contra		
The Canadian Nurse Journal Fund	4,614.37	
War Memorial Trust Fund — Library	2,977.19	
Mary Agnes Snively Memorial Fund	2,262.11	
National Memorial Fund	320.83	
E. Frances Upton Fund	323.91	
		10,498.41
		$53,136.99

The Canadian Nurse Journal

Two important considerations have marked this biennium—the very gratifying recognition of the value of the *Journal* that has been evidenced by the increase in circulation from some 9,800 in 1950 to some 13,500 in 1952; and the sharp decrease in the total amount of commercial advertising carried, with the resultant loss of income from that source. A change has been made in the advertising representatives and we are most hopeful that there will be an improvement in the latter regard.

In addition to the wholehearted support of the *Journal* by the members of the New Brunswick Association of Registered Nurses reported in 1950, a like arrangement has been approved by the Alberta Association of Registered Nurses and the Association of Nurses of Prince Edward Island. It is our earnest hope that this pattern of paying the annual subscription through the provincial registration fees will be accepted by the other provincial nurses' associations also.

By careful attention to expenditures, it has been possible to maintain the subscription rates at the figure established in October, 1947, despite the sharp increase in every aspect of *Journal* financing. It is of interest to note that the *Journal* is now being sent to subscribers in 63 different countries.

In 1951, the award of a two-year subscription to *The Canadian Nurse* for the new graduate who "showed the greatest promise of professional development" was offered to all of the schools of nursing in Canada. Fifty-nine schools participated in this award program. As this is to be re-

peated annually we hope that there will be an increasing number of awards each year.

The editorial content of the *Journal* has continued on a high level through the splendid cooperation of a large number of capable authors. Sincere appreciation is expressed to them all.

Except for isolated talks to schools of nursing and nurses' associations, no province-wide tours have been made up to the time of writing this report. It is anticipated that such a field trip will be made through British Columbia the latter part of March.

MARGARET E. KERR
Editor and Business Manager

Editorial Board of "The Canadian Nurse"

The report of the Editorial Board can be summarized as follows:

I. *Concerning commercial advertising:* As a result of the recommendations made by a Special Committee to Study the Financial Situation of *The Canadian Nurse*, the following action was taken:

(a) The contract with McGoey Brothers was terminated and a new agreement made with Messrs. Edwards & Finlay Limited of Toronto, Ont. It is too soon to make a positive statement regarding this change but already there is evidence of an improved reaction by advertisers.

(b) For the first time in five years, and with the approval of the new representatives, advertising rates were increased.

(c) Membership was secured in the Canadian Circulations Audit Board and the first circulation audit completed. This is said to be essential in obtaining commercial advertising contracts.

II. *Concerning circulation:* Three provinces—New Brunswick, Alberta, and Prince Edward Island—completed arrangements to include the subscription to *The Canadian Nurse* in membership dues and several other provinces have the matter under consideration.

Circulation reached an all-time record in February, 1952.

III. *Concerning staff:* Authorization has been given to appoint an assistant to the editor who will promote the *Journal* through educational programs at the local level and also relieve the editor of some of her duties. The Canadian Nurses' Association has granted the sum of $3,000 towards the salary and expenses of such an assistant for the first year. The appointment will be made as soon as a suitable nurse can be found to fill the position.

This arrangement will also enable the editor to undertake some field trips, a proven source of increased interest in and support of the *Journal*.

The Editorial Board has been concerned for some time about the heavy work load and responsibility carried by the editor and business manager and is pleased that some measure of relief will soon be available.

MARY S. MATHEWSON
Chairman

Committee on Constitution, By-Laws and Legislation

The Committee on Constitution, By-Laws and Legislation, as authorized by the general meeting in 1950 and instructed by the Executive meeting of February, 1951, has had the Act of Incorporation and By-Laws printed and distributed.

The following amendments to the By-Laws are proposed:

I. That *By-Law VIII, Section 10,* shall be amended to read:

The Committee on Employment Relations shall study carefully all matters relating to Employment Relations affecting Nurses in their capacity of employers or employees and shall inform itself with regard to all matters relating to Collective Bargaining, Labour Laws and Regulations, and generally with regard to the position of Nurses as employers or employees, to protect the position and the employment of Nurses as much as possible.

II. That *By-Law VIII, Section 1,* shall be amended to read:

The National Committees of the Association shall be the following:

(a) The Committee on Institutional Nursing.

(b) The Committee on Private Nursing.

(c) The Committee on Public Health Nursing.

(d) The Committee on Educational Policy.

(e) The Committee on Constitution, By-Laws and Legislation.

(f) The Committee on Employment Relations.

(g) The Committee on Health Insurance.

(h) The Committee on Program.

(i) The Committee on Arrangements.

(j) The Committee on Student Nurse Activities.

(k) The Committee on Finance.

TRENNA G. HUNTER
Chairman

War Memorial Committee

The War Memorial Committee during the 1950-52 biennium undertook to complete the expenditure of the sum remaining in the account of the War Memorial Trust Fund.

They canvassed countries relative to need; then purchased and arranged for shipment of 96 sets of anatomical wall charts, published by Denoyer-Geppert Co., which were distributed among 12 countries.

Gestetner mimeograph machines were purchased for France and Germany. Large quantities of mimeograph paper, stencils, etc., were also included with the machines.

A typewriter was rebuilt and shipped to the Norwegian Nurses' Association and another to the new Post-Graduate School of Nursing in Paris.

Nursing textbooks and journals were sent to university schools of nursing in India and Paris and to hospitals in India and Ethiopia.

Long-term subscriptions to *The Canadian Nurse* were provided for some 200 nurses and hospitals.

The work of this committee, begun in 1946, is now completed. The committee recommended to the Executive Committee, C.N.A., that the small balance remaining to the credit of this fund, mostly accrued interest, be transferred to the E. Frances Upton Administration Fund and that this committee be dissolved.

MARGARET E. KERR
Convener

Committee on Labor Relations

No questions or problems on employment relations have been referred to this committee during the 1950-52 biennium. The following is a summary of the activities of the provincial Committees on Labor Relations:

British Columbia—An active Labor Relations Committee is demonstrating how a well established program on labor relations can be of benefit to nurses.

Alberta—Committee has reviewed and revised its recommendations relating to nursing personnel.

Saskatchewan—Committee has also revised its recommendations. The new salary schedule has been accepted by the Saskatchewan Hospital Association.

Manitoba—Committee meets to revise its recommendations. Suggested schedules of minimal basic gross salaries set up in April, 1951, had to be revised in October, 1951. Committee is hoping to meet with members of the Board of the Associated Hospitals in Manitoba.

Ontario—Another active committee has reviewed and revised its recommendations.

Quebec—Committee will be bringing out revised salary schedules and personnel policies during 1952.

New Brunswick—A new Committee on Labor Relations has been formed and immediately is going to work on recommendations for personnel policies, to be ready for presentation to the annual meeting in September, 1952.

Nova Scotia—Committee has been set up to study personnel policies relating to nurses.

Prince Edward Island—The national committee was gratified to hear that it gave some impetus to the provincial committee and the first outline of personnel policies was drawn up early in 1952. "We intend to go further with it."

SUMMARY

Nine provincial associations have now formed committees on employment relations. Six committees review and revise their recommendations for personnel policies annually.

It is suggested that there is no longer a need for a national committee, as the provincial committees now carry out the functions of the national committee.

INA I. BROADFOOT
Chairman

Committee on Public Relations

The objectives of the Committee on Public Relations are broad in scope while its activities are limited because of lack of funds. Pamphlets have been the most widely used medium of national publicity and have been supplied by the National Office in increasing numbers. These have been reviewed by the committee and revised following consultation with the provincial associations.

The Press Clipping Service provides an index of the news value of nursing affairs and it is evident from the volume of these clippings

that the Canadian newspapers recognize that nurses have a significant role to play in the total health and welfare program. Material has been prepared by the staff in National Office for both the press and other agencies.

Attempts to develop other national channels of publicity by the use of the radio and by films have not been successful.

It is recognized that only a small part of the publicity concerning nursing has been the result of this committee's action. Public relations is a part of every nursing activity and, as one authority said, "starts at the bedside."

The last report of the Public Relations Committee presented by Miss McArthur in 1950 contained the following:

> It is felt that the solution for some of the problems facing the committee is, to a large extent, outside its terms of reference. It is, therefore, recommended to the C.N.A. Executive that consideration be given to the possibility of having a structure study of the Canadian Nurses' Association undertaken. Such a study should, among other things, give this committee a clearer indication of the needs and resources of the C.N.A. for the development of a sound public relations program in the future.

It is, indeed, gratifying that this study has now been completed and, in common with all other nurses, we look forward to its recommendations.

M. CHRISTINE LIVINGSTON
Convener

The E. Frances Upton Fund Administration Committee

The business of this committee was conducted by correspondence; no meetings were held during the period covered.

The budget and plan of activities for the 1950-52 biennium were submitted to the general secretary and were considered and approved at the Finance Committee meeting held in Montreal in February, 1951.

In December, 1950, a request, on behalf of two British nurses for financial assistance to the amount of $100 each, was forwarded to this committee by the general secretary. This request was granted and payment was made early in January, 1951. This is the only request for assistance which has been received.

Howard Smith, Chicago

EUGENIE M. STUART

The work of the committee continued according to plan during 1951. Minimum objectives were set for each province and the committee members divided the responsibility of contacting the provincial secretaries.

Contributions have been received from 4 of the 9 provinces contacted.

On March 5, 1951, in a letter from the general secretary, it was stated that the following motion had been carried at the meeting of the Executive Committee held in Montreal on February 8, 1951:

> That the E. Frances Upton Fund Administration Committee shall be requested to review its purposes and method of administration and that it shall report back to the Executive Committee.

This motion was referred back to the Executive Committee for interpretation of its scope and with the implication that the purposes of the committee had been established by the parent organization.

At the meeting of the Executive Committee in November, 1951, the following terms of

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Bank Balance		$238.05
RECEIPTS		
Donations		
Registered Nurses' Association of Nova Scotia	$ 42.25	
Registered Nurses' Association of Ontario	100.00	
Alberta Association of Registered Nurses	30.00	
Registered Nurses' Association of British Columbia	124.65	
	$296.90	
Bank Interest	.71	
		297.61
		$535.66
DISBURSEMENTS		
Assistance to two nurses	$200.00	
Office expenses	10.00	
Bank exchange	.75	
Bank charges	1.00	
		211.75
Bank Balance as at December 31, 1951		323.91
		$535.66

reference for the E. Frances Upton Fund Administration Committee received approval:

Functions—To collect from the nurses of Canada money to be used for the following purposes:

1. To assist needy nurses from Canada and other countries who may apply directly to the committee for financial aid in procuring necessities, such as: eyeglasses, orthopedic aids or equipment, dentures, wheel-chair, warm clothing, etc.

2. To assist needy nurses who may require a period of convalescence in a rest home.

3. To provide extra nourishment or medications for special cases requiring special medicines and/or special diet.

4. To provide the services of special nurses during a period of very severe illness.

5. To provide for any other specific case of need not covered by the above which, in the opinion of the committee, would merit assistance.

Procedure—

1. The collection of funds shall be the responsibility of the E. Frances Upton Fund Committee.

2. Applications shall be received directly from nurses requiring assistance or from provincial nurses' associations who refer the names of nurses in need.

3. The committee shall be responsible for investigating the eligibility of applicants.

4. The committee shall be responsible for deciding the extent and amount of the financial assistance to be given.

5. The committee shall not be required to inform the Executive Committee of the names of the nurses who apply or are given assistance.

A financial statement is included with this report.

As convener I would like to express my thanks to the members of the committee, who have wholeheartedly shown their interest and enthusiasm in the promotion of the program planned for the biennium.

EUGENIE M. STUART
Convener

Nursing Sisters' Association

The *Edmonton Unit* recently presented a scrapbook to the Provincial Archives. This book is composed of material accumulated by the Edmonton Nursing Sisters' Club from 1920 to 1945. It was compiled by Emeline Robinson, historian of the unit, and took six years to complete. It contains letters, cards, reports, photos, and miscellaneous items. On April 27, 1920, a number of nursing sisters met in Edmonton. The Overseas Nursing Sisters' Club of Edmonton was the result of that gathering. The chief reason for organizing such a club was "to continue a fellowship which was peculiar to those who served overseas during the First Great War and to help one another should occasion arise." Forty-four sisters were on the first membership roll. Nine years later the Overseas Nursing Sisters' Association of Canada was organized, holding their first convention in Regina in June, 1930. See the scrapbook at the Legislation Building Library.

Structure Study Committee

With the appointment of a Structure Study Committee by the Executive following the biennial meeting of the association in Vancouver in June, 1950, plans were made forthwith for the conduct of the Study. The terms of reference were outlined and a director chosen. Dr. Pauline Jewett commenced work on January 15, 1951, and since that time has been in contact with the national association and with the provincial organizations throughout the country. The Report of her study has been considered by the Structure Study Committee, the Executive Committee, and is now in the hands of the provincial associations so that their members may become familiar with the findings.

I. *The recommendation of the Structure Study Committee:* On January 15, 1952, your committee met to consider Dr. Jewett's Report. Two members were not present but each sent a memorandum which received full consideration in presenting the Report to the Executive. Your committee had hoped for unanimity of opinion concerning the major issues of the Report but that was not achieved *in toto*. After prolonged discussion the following resolution was carried:

PAULINE JEWETT

> That the committee recommend to the Executive Committee that the Report of the Structure Study be accepted and its recommendations implemented as soon as possible.

The motion was passed with a minority vote of one. The dissenting member stated that she was in favor of having the Report presented to the Executive Committee for study. However, she wished to draw the attention of the Executive Committee to the fact that her non-acceptance of the Report is based on the following:

> 1. The Canadian Nurses' Association is a federation of nine provincial associations. Therefore, there should be maintained provincial representatives, provincial delegates, etc., who represent their province. The same would apply to the representatives of the nursing sisterhoods.
>
> 2. Membership could not be compulsory in such an organization as that suggested.
>
> 3. Too great a concentration of power and responsibility would be vested in a few persons in such an organization as that suggested.

It should be added that the director of the Study discussed with the legal adviser of the Canadian Nurses' Association the points just enumerated and was assured that the recommendations of the Report to which these comments refer are not contrary to the present Act of Incorporation of the Canadian Nurses' Association.

II. *Certain comments reflecting the thought of the majority of the committee:*

1. The wisdom of the committee in the choice of Dr. Jewett as director of the Study is confirmed. In our opinion she has rendered the organized profession a talented and signal service.

2. The findings and recommendations of the Report are admirable in both content and form: acceptable in principle though minor changes may be indicated.

3. The welding influence of the

field visits of the director is apparent. In fact it has been her intent throughout to strengthen rather than to weaken the position of the provincial associations in their relation to the national organization.

4. The Report provides direction and dynamic leadership for professional activities which, as its recommendations are implemented, should go forward to new goals of attainment.

III. *The action of the Executive Committee:* At the meeting of the Executive on February 14, 1952, a progress report of the Structure Study Committee was presented and discussed with the following results:

1. The Report was referred to the provincial associations for further study with provision for full consideration at the biennial meeting of this year and with a view to action concerning the recommendations at a general meeting to be called early in 1953, convened expressly for this purpose.

2. Provision was made for the printing of the Report in both French and English.

IV. *Certain general observations:* To facilitate a discussion of the Report at this meeting, your committee suggests that the following matters be given attention:

1. The Study was conducted and the Report written by one who is herself a political scientist: that is to say, the knowledge, the point of view of another professional field has been brought to bear in an original and effective way upon the problems of the organized profession of nursing.

2. The association was dissatisfied with the organization as presently constituted and administered. Had this not been so the Study would not have been initiated. Let us discuss its recommendations with inquiring minds and a will to find new and better ways: with an approach and spirit which welcome change if that change promises improvement. It is one thing to advocate study and quite another to support action which is recommended as the result of study. With an unprejudiced open-minded attitude, with conviction born of need, and with a scientific outlook which seeks and accepts new light in a solution of professional problems, let us go forward, in unison, along new paths in the achievement of new goals.

3. There are five basic concepts in the recommendations of the Report:

(a) The function of the national organization in relation to the provincial associations—in the main, an advisory relationship to units which are self-governing.

(b) The composition and number of the Executive Committee—the provincial groups having membership rather than representation (this is true also of the sisterhoods), with the total number reduced.

(c) The committee structure rearranged in point of function and number.

(d) The need for increased personnel at National Office.

(e) An implementation of the recommendations step by step.

The Structure Study Committee (that is the majority of its members) presents, therefore, for your full and serious consideration, the principles and policies embodied in the Report, with the hope that its recommendations may be approved and acted upon in the not far distant future.

This Report must not close without reference to the valued assistance of Dr. Muriel Uprichard who acted as consultant to the committee. With the background of an educationist she has given generously of time and talent at every stage of the committee's work to which she has made a skilled contribution.

FLORENCE H. M. EMORY
Chairman

Archives Committee

The Archives Committee has not been active during the past biennium. After submitting the findings of our research regarding the functions of such a committee and the ways in which it could be done, we are now awaiting further directions from the association.

SISTER JEANNE FOREST, S.G.M.
Convener

Loan and Bursary Committee

Seven loans were granted during the past two years. Members from Alberta to Quebec were the recipients and, although the amounts involved ranged from $250 to $500, the majority were for $500.

HELENE LAMONT
Convener

A financial statement for the period February 28, 1950, to February 28, 1952, follows:

Bank Balance as at February 28, 1950		$6,805.71
RECEIPTS		
Loan repayments	$1,709.01	
Bank interest	70.31	
		1,779.32
		$8,585.03
DISBURSEMENTS		
Loans granted (7)		$3,100.00
Bank Balance as at February 28, 1952		5,485.03
		$8,585.03

Committee on Health Insurance

At the first meeting of the committee in the fall of 1950, the following recommendation, contained in the report of the previous committee, was discussed:

> That the Committee on Health Insurance review the brief presented by the Canadian Nurses' Association to the Advisory Committee on Health Insurance in 1943, with a view to outlining what, in their opinion, should be the place of nursing in any future legislation for health insurance—federal or provincial.

ESTHER ROBERTSON

The terms of reference, as outlined by the Canadian Nurses' Association for the Committee on Health Insurance, were reviewed. The Executive Committee asked the committee to give consideration to the place of nursing in any future legislation and to define principles upon which any future action by the profession might be based.

As a preliminary step in considering the place of nursing in future legislation, the committee formulated the following principles:

1. Organized professional nursing groups should influence legislation for all matters which might affect the profession of nursing, the public, and the nurse.

2. Organized professional nursing groups should study the need for nursing service for all economic groups in both rural and urban areas; study the available nursing resources; estimate the potential necessary increase in nursing resources and plan for preparing additional personnel to meet the need for nursing service.

3. Adequate nursing service is an essential of any health program and should be as readily available as medical service.

4. Adequate nursing service in any health program is based on the need of the individual and includes nursing service in the home as well as in the hospital.

5. Adequate nursing service in any health program includes preventive as well as curative services.

6. Adequate nursing service available in all communities, rural and urban, and to all individuals, regardless of economic status, is essential in any health program.

7. In order to ensure and safeguard high standards of nursing service, organized professional nursing groups should control and direct nursing education, qualifications of nursing personnel, and personnel policies.

8. Organized professional nursing groups should assume responsibility for outlining specific nursing duties to be undertaken by nursing personnel providing nursing service.

9. Nursing assistants should be used to carry specific nursing responsibilities not requiring the professional skills of the registered nurse.

10. Adequate supervision should be available to nursing assistants as well as to registered nurses.

The place of nursing in future legislation was studied and the following data, based on the above principles, were prepared:

1. Since nursing service is essential in the promotion of health, the prevention of disease, and the care of the sick, it should be included in the National Health Insurance Plan and should be readily available to all individuals, regardless of economic status, in all communities both rural and urban, in the home, in the hospital, or wheresoever such service is required.

2. When the National Health Insurance Plan is being prepared, nurse representatives, approved by the Canadian Nurses' Association or the provincial nurses' associations, should be appointed to all councils, boards, or commissions whose functions include the organization, administration, and supervision of nursing services.

3. That in all surveys, national or provincial, concerning the needs and resources for nursing service and in plans to meet these needs, nurse representatives approved by the C.N.A. and the provincial nurses' associations should be appointed as consultants to the research personnel.

4. That nursing care should be provided both by professional and auxiliary nursing groups and the functions of both groups should be defined by the C.N.A. and /or the provincial nurses' associations.

5. That in order to ensure and safeguard high standards of nursing service, the Canadian Nurses' Association and the provincial nurses' associations should approve:

(a) Standards of nursing education.

(b) Standards of nursing care.

(c) Standards of preparation for auxiliary nursing groups.

(d) Standards of personnel policies for both groups.

(e) Standards of registration and control of both professional and auxiliary nursing groups.

6. That the selection of personnel for the various administrative, supervisory, teaching, and staff positions in nursing service should be made according to the standards and qualifications required for these positions by the C.N.A. and /or the provincial nurses' associations.

7. Since supervision of all nursing service is essential to ensure and maintain a high standard of nursing care, it should, therefore, be available to both professional and auxiliary nursing groups.

In February, 1952, the Committee on Health Insurance made the following recommendation to the Executive Committee of the Canadian Nurses' Association:

That since there is the possibility that a parliamentary committee on Health Insurance will be appointed in the near future, this committee recommends that a brief on the place of nursing in National Health Insurance be prepared immediately by the Canadian Nurses' Association for presentation to the proper authorities.

As an outcome of further discussion, it was suggested that the preparation of material for the brief be a joint project of representatives from the

Committee on Educational Policy, the Committee on Labor Relations, the Committee on Health Insurance, and additional personnel as recommended by the C.N.A. Executive Committee.

The Committee on Health Insurance recommends that the seven points as outlined above serve as the nucleus of the subject matter to be contained in the brief for presentation to a parliamentary committee.

Inasmuch as the Executive Committee had not taken action on the recommendation contained in this report, it is expected that a supplementary report will be submitted at the general meeting of the Canadian Nurses' Association to be held in June, 1952.

ESTHER ROBERTSON
Chairman

Committee on Student Nurse Activities

As an approach to the first stated objective of the committee, a questionnaire was prepared as a means of ascertaining the present existence of student nurse organizations throughout Canada. Following approval by the Executive Committee the questionnaire was sent by National Office to provincial secretaries for distribution to directors of nursing and to presidents of student councils in each school of nursing. The following statement appeared as an introduction:

> *Purpose of questionnaire:* Since student nurse associations necessarily begin in individual hospitals, this questionnaire is designed to obtain information concerning the existence of student nurse associations in each school of nursing in Canada. With this information the C.N.A. Committee on Student Nurse Activities will know where to begin encouraging student nurse groups (e.g., in individual schools, local areas, or on the provincial or national level).

Of 348 questionnaires distributed, a total of 153 were returned. These were received from 110 of the total of 174 schools of nursing in Canada and were completed by:

> Directors of nursing—104; educational directors—2; instructors—2; social directors—1; general staff nurses—1; student nurses—43.

There are student organizations in 90 of the 110 schools heard from and most of these state that one or more students will attend the C.N.A. biennial meeting in Quebec City.

With one exception the response from schools of nursing in each province was excellent and in two provinces all schools were heard from. Additional information contained in the questionnaires will be tabulated and reported on before the end of the biennium.

Suggestions were sent by the committee to the Program Committee concerning the program for student nurses at the biennial meeting and the members wish to express their thanks to the Mother Superior of Hotel Dieu Hospital in Quebec for her kindness in opening the beautiful gardens of the hospital to the student nurse group.

The work of this committee was interrupted for several months during 1951 due to the illness and resignation of Mrs. Lenora Kelly, the chairman. Mrs. Kelly's leadership and interest in the student nurses is well known and appreciated and the committee hopes that she will be well again very soon.

In conclusion the committee would like to submit the following recommendations:

> 1. That the continued efforts of this committee be directed towards the stimulation and promotion of student nurse associations with a view to forming provincial associations in provinces where they do not as yet exist and, ultimately, a national association.
>
> 2. That R.N.A. chapters be encour-

aged to invite active participation of their local student groups in at least one of their meetings each year.

3. WHEREAS, It is stated that one of the functions of this committee is to plan a program for students at the biennial convention; it is

Recommended, That consideration be given to the selection of a chairman who resides in the province where the next biennial meeting is to be held.

MARION E. BOTSFORD
Chairman

Committee to Prepare a Plan for Nursing in a National Emergency

This plan for the mobilization of nursing service resources has been prepared by the special committee appointed by the Executive of the Canadian Nurses' Association. National security and civil defence have become matters of the utmost concern to the people of Canada today. In any plans formulated for the maintenance of essential services, nursing will be considered a vitally important occupation requiring certain measures of control in the mobilization and distribution of personnel, as well as an increased supply of nursing service.

Through foresight and coordinated effort, the Canadian Nurses' Association hopes to be prepared to meet, with the least possible disruption of present nursing service, any emergency that may arise. It also hopes to provide a maximum efficiency for all civilian requirements, as well as for the future needs of the armed forces, by maintaining a sound educational program to meet these commitments. To this end, a special committee was formed to prepare a statement of policies and a plan of action designed to provide for as adequate nursing service as possible under total defence planning.

General principles: Planning for general mobilization of nurse-power should be in terms of an over-all plan, designed to meet nursing service needs for military, defence, and civilian purposes; such a plan should be sufficiently flexible to provide for quick reallocation in the event of a major disaster in Canada or in another country to which health services must be sent.

A most important factor will be the setting up of a broad educational program to ensure an adequate and continuing supply of nursing personnel in all categories.

Distribution of nursing resources will be accomplished most economically and with least disruption if made a responsibility of the nursing profession.

Recommendations: That steps shall be taken to:

1. (a) Determine existing nursing service resources through a nation-wide registration of trained nursing personnel (*i*) graduate; (*ii*) auxiliary—both practising and inactive.

(b) Determine existing nursing service needs.

(c) Estimate nursing service needs in the event of national or international disaster.

2. (a) Accelerate the recruitment of men and women to meet nursing needs.

(b) Coordinate local and regional recruitment efforts into a nation-wide plan.

3. That training programs shall be subjected to study for the purpose of ensuring that the preparation of nursing personnel is such as to protect the health and to provide the best possible nursing care for the total population.

4. That centralization of training programs shall be studied in order to ensure the most

John Palmer, Toronto

GLADYS J. SHARPE

economic use of facilities and personnel.

5. That selected nurses shall be encouraged and assisted to take advanced courses, to ensure properly qualified instructors, supervisors, administrators, etc., in adequate numbers.

6. That provision for financial assistance, or increased financial assistance, should be sought for the development of all approved training programs.

7. That consideration shall be given to the setting up of periodic refresher courses of instruction for inactive nurses.

8. That vigorous action shall be taken to promote the team concept in nursing, to ensure wise, safe, and economical use of nursing resources.

9. That nurses withdrawn from civilian practice for military service shall be selected as far as possible to fill positions for which they are prepared.

10. That regional boards of nurses shall be organized as indicated, with governmental authority to advise in the assignment of nurses to the armed services and, in the event of total mobilization, to organize the distribution of nursing personnel on the basis of priorities for essential civilian as well as military needs.

11. That, in the event of total mobilization, widespread publicity shall be given to the necessity for the understanding and full cooperation of the general public, of physicians, hospitals, and public health authorities in any plan for rationing and re-distributing nursing service.

12. That equal recognition and privileges shall be given to nurses assigned to civilian and military services, in regard to educational and future employment benefits.

GLADYS J. SHARPE
Chairman

Committee to Study Auxiliary Nursing Personnel

The committee studied the present practice with regard to auxiliary nursing personnel in an effort to determine the problems concerning preparation, legislation, and utilization of this worker.

A report was prepared, pointing up the various aspects of this program, and recommendations were made for further study by the provincial nurses' associations.

After receiving the comments on this report from the provincial nurses' associations, the committee met again with representatives from each association and a member of the Committee on Educational Policy. The report was reviewed in conjunction with these comments and revisions were made. The whole report was submitted to the Executive Committee of the Canadian Nurses' Association. This report is to be presented to the 1952 general meeting for approval.

MARJORIE G. RUSSELL
Convener

Committee on Private Nursing

During this biennium the work of this committee has been carried on chiefly by correspondence. One meeting was called for March 3, 1952, but, owing to the inability of a quorum to be present, no business was transacted.

The chairman of the committee attended, by invitation, the meeting of the Executive Committee held in Montreal, February 14-15, 1952, in order that recommendations brought forward from the 1948-50 biennial meeting might be dealt with. Actually the recommendations were the outcome of a request made at the meeting held in Sackville (1946-48) at which time the Committee on

Private Nursing was instructed to draft a "Guidance for Registry Organization on a National Basis," to be presented at the 1950 biennial meeting.

The committee at that time realized that, in any national planning, adjustments would be required to meet provincial and local situations where Community Nursing Registries and Professional Placement Services were concerned.

I shall present at this time once again the recommendations and the action taken on same by the Executive Committee:

RECOMMENDATIONS

1. That the "Guidance for Registry Organization," on a national basis, as presented to this meeting, be accepted by the Canadian Nurses' Association and that action be taken in this project as soon as possible.

Action taken by Executive Committee: "That the proposed 'Guidance for Registry Organization,' as prepared by the Committee on Private Nursing, shall be made available to the provincial nurses' associations to serve as a guide for the provincial nurses' associations to use as it meets their needs. It was agreed that National Office should advise the provincial associations of the action taken."

2. That the C.N.A. Executive give consideration to compiling uniform record forms for the use of Registry Offices throughout Canada.

Action taken by Executive Committee: "It was felt that there is a need for uniform record forms and that this need should be kept in mind for the future. The suggestion was made that the committee chairman might circularize the registries throughout Canada in an effort to learn whether they may be able to take steps toward accepting uniform record forms."

3. That a National Charter for Registries would be advisable. (*No action was taken by the Executive on this recommendation.*)

Morris Duke, Peterborough

EVA BRACKENRIDGE

4. That calendars be sent from universities to all registries.

Action taken by Executive Committee: "The recommendation concerning calendars from universities being supplied to all registries was left to the discretion of the Committee on Private Nursing. It was agreed that National Office should provide the committee chairman with a list of registries. This was done at the time of the meeting.

"It was suggested, too, that, when writing the nurse registrars, the committee chairman might arrange for a luncheon meeting at the time of the general meeting in order to discuss these matters more fully."

In so far as possible, as chairman of the Committee on Private Nursing I have taken action on instructions from the Executive Committee and feel the groundwork has been done on what may well be a most interesting and worthwhile project for the coming biennium.

EVA BRACKENRIDGE
Chairman

Committee on Institutional Nursing

During the 1950-52 biennium the Committee on Institutional Nursing undertook to continue procuring articles for *The Canadian Nurse* and to make studies of teamwork of various nursing personnel and the status of staff nurses in hospitals.

The Institutional Nursing Committees were requested to seek information from hospitals in their respective provinces in connection with these projects and to submit analyses of the findings. The questionnaire method was used for guidance. The national committee has been authorized to complete the studies and report to the 1952 general meeting of the Canadian Nurses' Association. It is proposed that a manual will be prepared, setting forth an orientation program for staff nurses which will include educational and promotional aspects.

The three national committees are combining in their responsibility to plan for the general interest sessions for the biennial meeting. These will follow the over-all theme: "For Better Service—Today and Tomorrow; Pour Mieux Servir—Aujourd'hui et Demain."

MARY E. MACFARLAND
Chairman

Committee on Public Health Nursing

At the biennial meeting of the Committee on Public Health Nursing held in June, 1950, it was recommended that the incoming committee endeavor to stimulate interest in the Report of the Study Committee on Public Health Practice in Canada which had just been released by the Canadian Public Health Association.

The committee, therefore, accepted as its first responsibility the implementation of this recommendation. Letters were sent to the chairmen of the public health committees of the provincial registered nurses' associations, suggesting that the Report be studied on the provincial and local levels. Publicity was given to the Report and the committee assisted in securing its distribution to nurses across Canada. A series of articles was published on the Public Health Nursing Page of *The Canadian Nurse*. The purpose of these was to stimulate interest in the Report and highlight important aspects.

In order to obtain information concerning progress in public health nursing services since the study was made (i.e., from 1950-52) the committee prepared a question sheet which was recently distributed to the conveners of the provincial public health nursing committees, with the request that these sheets be completed by nurses employed in representative

public health nursing services in each province. It is hoped that sufficient information will be secured to publish a summary of the findings in *The Canadian Nurse* at an early date.

In December, 1951, the Canadian Nurses' Association was asked to send a representative to Ottawa to attend a meeting of a Planning Committee for a Proposed Canadian Conference on Children. The association forwarded this request to the Committee on Public Health Nursing. We were fortunate in securing as our representative, Miss Pearl Stiver, director of Public Health Nursing, Department of Health, Ottawa. A statement was prepared for this conference in which some of the concerns felt by nurses in relation to the unmet needs of children were outlined. As a result of Miss Stiver's active participation in this planning committee, the Canadian Nurses' Association was included among the representatives in a Joint Commission on the Needs of Children which it is proposed will be set up in Canada.

The functions of the Committee on Public Health Nursing (as stated in the Manual of the Canadian Nurses' Association) are as follows:

(a) To establish and maintain a constructive and sympathetic relationship among all public health nurses.

(b) To keep the association informed upon the progress of public health nursing.

(c) To advance the cause of public health in general by fostering a high standard of service.

(d) To promote a higher standard of service through post-graduate study.

The committee has experienced some difficulty in carrying out these functions. Such factors as the widespread distribution of the members of the committee and the loose association between the public health nursing committees on the national and provincial levels present problems. The committee recognizes the trend toward unification of the special interest groups within the nursing profession. The interests and problems of nursing are common to all groups of nurses. Greater progress might be made if we worked more closely together in the development of constructive relationships, the maintenance of high standards of service, and the promotion of improved nursing education. The committee anticipates with interest the report of the Structure Study. It is hoped that the problems associated with the special interest committees of our association will receive consideration and that recommendations will be made that will serve as a guide to future organization and planning.

HELEN M. CARPENTER

HELEN M. CARPENTER
Chairman

The carpenter is persistent. He knows that a series of blows is far better than one great drive. He knows that a series of blows goes far into the hardness of a twisted oak and that impatience only means a bent nail. He deals skilfully with the strength of the oak and the comparative softness of the nail until one final blow drives it home. Many of our problems are tough as an oak. The carpenter's way must be the answer: patience, plus persistence, plus understanding.—*Author Unknown.*

Committee on Educational Policy

The following is a brief summary of matters to which the Committee on Educational Policy has given consideration during the 1950-52 biennium.

I. *The Functions of an Educational Secretary:*

The biennial report submitted by Miss Agnes J. Macleod in 1950 reiterated a previous recommendation "that an educational secretary should be appointed to the staff of National Office, particularly in view of the necessity of developing a national program of evaluation."

In the hope and expectation that an appointment would be made early in the present biennium the new committee was asked to consider the possible functions of such an appointee. An outline of proposed functions was, therefore, drawn up, submitted to the members of the Executive Committee, and approved by them "as a guide." Though no appointment has yet been made, inclusion in this report of the recommended functions will help to explain why no action has been taken since the last biennial meeting in regard to certain important matters. The Committee on Educational Policy recommended that the educational secretary:

1. Serve as executive secretary to the Committee on Educational Policy.
2. Draft a plan for developing a program of evaluation as a first step toward accreditation of educational programs in nursing in Canada.
3. Draft a plan for an early study of the method of preparing professional nurses which is now being demonstrated at the Metropolitan School of Nursing, with a view to evaluation.
4. Make a study of the "Proposed Curriculum for Schools of Nursing in Canada" in the light of current trends and practices in nursing education with a view to ascertaining the advisability of revising or reprinting.
5. Carry out studies and projects in nursing education as recommended by the Committee on Educational Policy and approved by the Executive Committee.

In reference to 3, information regarding the evaluation of the demonstration school will be included in the report of the Demonstration School Administration Committee.

In respect to 4, letters received from the provinces indicate that curricular revisions are underway on both provincial and local levels. Nothing has been done at the national level. However it is reasonable to assume that the demonstration school may exert an influence on the basic nursing curriculum. There are evidences that it has already done so.

II. *Preparation and licensing of auxiliary nursing personnel:*

Heretofore, though this subject has been given considerable study by a sub-committee of the Committee on Educational Policy, it seemed very difficult to make any real progress. For that reason and because of the urgency of taking some action in this field, the Committee on Educational Policy recommended to the Executive Committee that a "special committee on auxiliary nursing be established to initiate a study of the present situation and to formulate a plan of appropriate action; and that the committee personnel be brought together at the expense of the C.N.A." This recommendation was approved and implemented. At a later date the Committee on Educational Policy was given an opportunity (as were other groups) to study and submit suggestions for revision of the Report of the Special Committee to Study Auxiliary Nursing Personnel.

III. *Educational policies of the Canadian Nurses' Association:*

A compilation of policy resolutions that had been adopted by general meetings and by the C.N.A. Executive Committee was referred to the Educational Policy Committee "for study and for recommendations." Careful study of this material revealed inconsistencies and contradic-

tions and it seemed to the committee that the most practical approach would be to try to draft a statement of beliefs and policies in respect to nursing education. Such a statement was prepared under the title, *C.N.A. Policies Regarding Nursing Education*, and submitted to the Executive Committee. From the Executive Committee it was referred to the provincial associations "for study and recommendations." A meeting of the full committee was called to consider suggestions received from the provinces, following which the statement was revised and distributed to provincial associations for the information of their delegates prior to the biennial meeting.

IV. *Training for the non-professional group of psychiatric nurses:*

One of the provincial associations wrote to the C.N.A. suggesting the desirability of greater uniformity in programs for the preparation of non-professional psychiatric nurses and asking for the assistance of the C.N.A. in this matter. As a result, provincial associations were requested to sent to National Office information regarding the present status and training of non-professional psychiatric nurses in their respective provinces. This material was then referred to the Committee on Educational Policy "for assessment." In most instances information supplied by the provinces was of the kind that could not be summarized. However, three conclusions seemed fairly evident to the committee, namely:

1. That the whole situation of the training and status of the non-professional psychiatric nurse is confused and involved.

2. That professional nurses who are struggling with the problem of providing adequate nursing care for patients in psychiatric hospitals need and would welcome assistance from the C.N.A.

3. That unless greater effort is made by professional nurses to recognize the needs of psychiatric hospitals there is a real danger that responsibility for the nursing care of such patients may be taken over entirely by the non-professional groups. Aside from the effect on patients, such an eventuality might make it very difficult for us to provide professional nursing students with the kind of preparation needed to equip them to give total patient care.

Marlow, Vancouver

H. EVELYN MALLORY

Therefore the Committee on Educational Policy recommended to the Executive Committee that consideration be given to the possibility of setting up a special committee to make a study of this problem in a somewhat similar manner to that followed in respect to auxiliary nursing personnel and further that, if such a study be undertaken, the whole problem be considered in the light of the proposed *C.N.A. Policies Regarding Nursing Education*. At the time of writing, this recommendation had not been considered by the Executive Committee.

V. *Assignment to the Committee on Educational Policy of the functions of the former Canadian F.N.I.F. Committee*, the latter having been dissolved by the Executive Committee at the November, 1951, meeting:

In view of the fact that the biennium is nearly terminated and in the light of a letter received from Miss Daisy Bridges, executive secretary of the I.C.N., expressing regret that the national F.N.I.F. Committee would appear to have lost its identity, the Committee on Educational Policy recommends that the functions of the former Canadian F.N.I.F. Committee be undertaken by a sub-committee of the Educational Policy Committee; that said sub-committee

be known as the F.N.I.F. Sub-Committee; and that its appointment be left to the incoming Committee on Educational Policy.

VI. *A request from the New Brunswick Association of Registered Nurses for definition of educational requirements for admission to schools of nursing:*

It was the opinion of the committee that this request should be dealt with in the light of the *C.N.A. Policies Regarding Nursing Education.* This statement of policies, previously referred to and not yet approved by the Executive Committee, contains the following pertinent clause:

> Admission requirements and the curriculum of the basic professional program should be such as to ensure eligibility for university post-graduate study.

VII. *A letter from the Alberta Association of Registered Nurses, asking for advice in connection with the revision of the Registered Nurses' Act:*

They had been advised to confine their Act to the interests of the graduate nurse because "student nurse qualifications are to be controlled by an Act to be established by the Department of Health."

This matter, too, is covered in the proposed *C.N.A. Policies Regarding Nursing Education. Par. 4, Clause* (*a*) stated:

> That standards of education and practice are definitely the responsibility of the professional groups.

VIII. In response to the *following resolution referred from the 1950 biennial meeting:*

> WHEREAS, The Public Health Nursing Committee of the Canadian Nurses' Association supports the recommendation of the Report of the Study Committee on Public Health Practice in Canada "that a study be made of methods of preparing nurses so that they may be more fully qualified to contribute to the community health services"; it is
>
> *Recommended*, That this matter be referred to the Educational Policy Committee of the Canadian Nurses' Association and to the Council of the University Schools and Departments of Nursing for action.

The Committee on Educational Policy recommended "that letters go out from National Office to schools of nursing and provincial associations asking that, through news bulletins and similar media, nurses be informed of the existence of the report and urged to study it and that the report be drawn to the attention of any groups considering curriculum revision."

IX. *Progress of the Demonstration School:*

Because the chairman of the Committee on Educational Policy is a member of the Demonstration School Administration Committee and also was appointed to the Joint Evaluation Committee, the "core" members of the Committee on Educational Policy have been kept informed on the progress of the demonstration school. However, these matters will be dealt with in a separate report.

In closing this report the members of the committee urge again that every effort be made to obtain the services of a full-time educational secretary. The work that needs to be done by the C.N.A. in the field of nursing education cannot possibily be carried by busy people whose other responsibilities leave them no "spare" time to devote to the affairs of the C.N.A.

H. EVELYN MALLORY
Chairman

Acetylsalicylic Acid

Aspirin has been promoted as a gargle for the relief of sore throat. The implication is that the well known analgesic action of aspirin will be more effective when applied to the painful area. A gargle with acetylsalicylic acid has no benefit other than those obtainable from solutions of sodium chloride and is more expensive. The analgesic action of salicylates is central and not at the nerve endings. The use of aspirin locally for alleviating dental pain or sore throat is, therefore, unsound.

—*Canadian Pharmaceutical Journal*

C.N.A. Policies Regarding Nursing Education

The Canadian Nurses' Association recognizes that: (1) The practice of nursing is now infinitely more complex and varied than it was in the days when schools of nursing were first established in hospitals; (2) the primary purpose of the hospital is to provide service to the community through the care of its patients; and (3) the purpose of the school of nursing is an educational one—that is, to prepare the student to give nursing service. The policies stated herein are based on the above stated and the following factors:

(a) The public expects the nurse to give competent care (with due consideration for the mental and emotional, as well as the physical needs, of the patient and for the preventive as well as the curative aspects of illness) to people in hospitals, homes, schools, industries, and other community agencies.

(b) The nurse expects, and has the right to receive, the type of education that will make her an acceptable practitioner not only in her own community but also in other provinces of Canada; furthermore, as far as possible, the basic nursing course should take into consideration the requirements of other countries for the practice of nursing.

Therefore the Canadian Nurses' Association maintains that:

1. The preparation of the nurse should be an educational experience and the method by which this can best be achieved is through an independent school which plans and controls the complete experience of the student.

Where schools of nursing are operated by hospitals (the prevalent situation and one that we recognize as likely to continue for some time):

(a) The interests of the schools should be promoted by a competent committee advisory to the governing body of the school. The majority of the members of such a committee should be well qualified in the fields of general education and nursing education.

(b) The school should be operated on a separate budget which sets forth clearly all sources of income and all estimated expenditures. In drawing up the school budget a fair evaluation should be placed on the services rendered to the hospital by students in the course of their learning activities and a fair evaluation on services (e.g., supervisory, maintenance, etc.) rendered to the school by the hospital; and consideration should be given to the fact that supervisory services are required even in the absence of a student program.

(c) The school should be free to plan and to regulate its curriculum (theory and practice) in accordance with professional standards.

(d) Admission requirements and the curriculum of the basic professional program should be such as to ensure eligibility for university study as graduate nurses.

2. Government support of nursing education is an obvious corollary to *No. 1* but financial aid to hospital-controlled schools should not be confused with financial aid to hospitals as such and should be available to those schools only under carefully controlled conditions, for example:

(a) The school's program should be subject to the approval and supervision of the body legally constituted to set provincial standards for approved schools of nursing.

(b) The governing body of the school should be required to present accurate evidence of the cost of the school.

(c) There should be no discrimination on the basis of race or creed.

(d) There should be provision for withdrawing financial aid if the school fails to maintain satisfactory standards.

3. Every school of nursing should have written contracts with all agencies that provide practice fields for students. Contracts should state clearly the responsibilities and privi-

leges of each of the contracting parties; and should be reviewed annually by the contracting parties and revisions made if and as indicated. Any remuneration to service agencies should be based on careful cost accounting which gives clear evidence that the cost of the educational services rendered to students is, in fact, greater than the value of any benefits which may be received by the agency.

4. There is need in the over-all field of nursing service for different categories of workers and, therefore, for differentiation of preparation but:

(a) Standards of education and practice are definitely the responsibility of the professional group.

(b) All schools and programs of nursing education should be approved by appropriate provincial and/or national approving agencies.

(c) The basic preparation for both the professional nurse and the nursing assistant should be general rather than specialized and the operation of specialized schools on the basic level should be discouraged.

[*Note:* This would mean that the nursing assistants' preparation should be general and that any further preparation needed to fit them for work in a specialized field (e.g., in a psychiatric hospital or a tuberculosis hospital) should be provided through "orientation" programs and "on-the-job" training; and the facilities of specialized hospitals should be utilized (i) to broaden the basic preparation in the general field and (ii) to provide practice fields for programs leading to specialization for the graduate nurse.]

(d) Courses for graduate nurses should be developed and directed by universities rather than by hospitals. Hospitals, rich in clinical resources appropriate for graduate nurse programs, should cooperate by making their resources available to the universities but responsibility for the educational programs should rest entirely with the university.

5. The curriculum for the preparation of any category of nursing personnel should:

(a) State clearly: (i) The educational objectives of the curriculum; (ii) the category of student for which it is intended (e.g., nursing assistant, basic professional, graduate nurse); (iii) the functions, in relation to the needs of society, which the graduate of the school will be expected to perform; (iv) the planned learning experiences by means of which the student is to become qualified to meet her responsibilities.

(b) Take into consideration the needs and welfare of students as individuals and members of the community and the world in which they live, as well as the needs and welfare of the society that students are preparing to serve.

(c) Be an evolving curriculum—developed, implemented, and periodically revised by all staff members who are in any way responsible for the education of students through instruction, supervision, administration, or the general practice of nursing care.

6. All those charged directly or indirectly with the education of students should be specially qualified, both professionally and personally, for their responsibilities. In this connection, the qualifications of those who direct and supervise students during their clinical practice are particularly important, even though such persons may not be considered members of the "teaching staff" and may have no formal teaching responsibilities.

H. EVELYN MALLORY
Chairman

Sulphur

Probably the only legitimate use of sulphur is as a fungicide and for the treatment of various cutaneous disease. Among laymen, however, the idea of an annual spring cleaning of the intestinal tract with sulphur and molasses is still prevalent. In the first place there is no benefit to be expected from such a house-cleaning and, even if there were, there are more satisfactory purgatives and intestinal antiseptics than sulphur.

—*Canadian Pharmaceutical Journal*

Committee on Provision for Nursing Care

C.N.A. policies: Policy resolutions passed at general meetings of the association for the past ten years have been listed. This list was distributed to members of the Executive Committee, including the provincial representatives, on February 16, 1952.

Research: An outline of a research plan for the C.N.A. was presented to the Executive Committee on November 4, 1951, and approved. As part of this plan, three pieces of research have been under way during the biennium:

(a) The Structure Study of the Canadian Nurses' Association.

(b) An activity analysis of the work of the head nurse; this is the first stage in a functional analysis of nursing.

(c) An evaluation of the Demonstration School at Windsor.

Reports on these three studies will be presented at the biennial meeting.

Recommendations:

1. That the functional analysis of nursing should be continued.

2. That research reports should be published in a uniform style and in a way which makes them clearly recognizable as C.N.A. reports.

NETTIE D. FIDLER
Convener

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Policy Resolutions Passed by General Meetings of the Canadian Nurses' Association

HEALTH INSURANCE

WHEREAS, Nursing service is essential in any health insurance plan, and it is essential that these services be organized and administered to meet the nursing needs of all people of Canada; and

WHEREAS, It is essential that all groups participating in a coordinated service should also participate in the plan of organization; therefore be it

Resolved, That provisions be made for organized registered nurses to take a recognized part in a coordinated service in order to ensure the effective use of all nursing resources and, furthermore, that on all committees dealing with matters relating to nurses and nursing service there be included well-qualified nurses truly representative of national and provincial organizations of registered nurses and appointed in consultation with them.

(June 29, 1944)

WHEREAS, It is recognized that certain positions should be filled only by nurses with special preparation and experience; therefore be it

Resolved, That when appointments of nurses to positions are made under a health insurance plan, qualifications, as determined by recognized standards approved by the national organization of registered nurses, be applied.

(June 29, 1944)

(*Note:* It will be necessary to set up standards and define qualifications in order to have this resolution function as a statement of policy.)

WHEREAS, Under a health insurance plan the school of nursing curriculum will have to be adjusted and expanded to prepare the nurse to meet increasing health needs; therefore be it

Resolved, That definite grants be made to approved schools and departments of nursing in hospitals and universities for educational purposes.

WHEREAS, Living and working conditions seriously affect the health and morale of the worker; therefore be it

Resolved, That in any health insurance plan adequate provision be made for financial support for nursing service to ensure satisfactory maintenance of these essential factors; further, that special attention be given to the conditions in rural areas and of small hospitals where conditions of living and employment are often less favorable.

(June 29, 1944)

WHEREAS, Good working conditions include satisfactory adjustments regarding salaries, reasonable hours of duty, adequate vacations, and provision for a sound health program; therefore be it

Resolved, That under a Health Insurance Act minimum standards covering these conditions be established to meet standards acceptable to organizations representative of registered nurses.

(June 29, 1944)

WHEREAS, It is recognized that in the interests of service certain controls should be

exercised by professions; therefore be it

Resolved, That standards of education, professional ethics, and direction affecting the nursing profession be controlled by organizations representative of registered nurses.

(June 29, 1944)

LABOR RELATIONS

Be it Resolved, That the Canadian Nurses' Association reaffirms its policy to support the principle that there be no racial discrimination in the selection of students for enrolment into schools of nursing.

(June 24, 1944)

(The Committee on Labor Relations suggests that this resolution be amended by the addition of the following: "That there be no racial discrimination in employment thereafter.")

(The committee also suggests that the following resolution of the Executive Committee in June, 1946, be adopted as a policy:

"That this Executive Committee of the Canadian Nurses' Association go on record as endorsing the principle of equal pay for equal work.")

NURSING EDUCATION

Financial assistance from governments:

(a) The Canadian Nurses' Association recognizes that the necessary expansion in the supply of nurses is not solely the responsibility of hospitals and, since present educational facilities are not adequate to produce a sufficient quantity of the best quality of graduate nurses, it was agreed that efforts should be made to secure government support for schools of nursing.

(July 4, 1946)

(Confirmed by Association Members, November, 1949.)

(b) Since the cost of operating schools of nursing is not known at the present time and since the first step to take before making any approaches for financial assistance is to know the cost of educating student nurses, the Canadian Nurses' Association has agreed unanimously:

THAT, Provincial Associations be advised to approach their Health Departments to ascertain the formula to be followed in satisfactorily separating school of nursing and hospital costs and to urge that Federal Grant money be allocated for support of schools of nursing; and, moreover

THAT, Hospital schools submit definite projects for assistance through the Federal Health Grants to their Provincial Health Departments. When the time seems opportune, the Canadian Nurses' Association should again request the Federal Government to consider the possibility of making direct grants to nursing education. In making such an appeal the Canadian Nurses' Association should endeavor to gain the support of the Canadian Hospital Council and the Canadian Medical Association.

(June 30, 1950)

Cost analysis of schools of nursing:

THAT, Hospital schools be encouraged to take immediate steps to separate school and hospital costs.

(June 30, 1950.
Also June, 1932, and June, 1934)

Independent School of Nursing:

The Canadian Nurses' Association recognizes that the primary purpose of the hospital is to provide service to the community through the care of its patients and that the purpose of the school of nursing is an educational one, that is, to prepare the nurse to give this service:

THEREFORE, The Canadian Nurses' Association has gone on record as believing that the preparation of the nurse should be an educational experience and that the method by which this can best be achieved is through an independent school which plans and controls the complete experience of the nurse.

(July 1, 1948)

Evaluation and accreditation of schools of nursing:

(a) The Canadian Nurses' Association authorized the Executive Committee to implement a scheme of accreditation if and when it is possible.

(July 4, 1946)

(b) The Canadian Nurses' Association approved the establishment of a good basic program of evaluation of schools of nursing, which will lead eventually to accreditation.

(June 27, 1950)

Educational requirements for admission to schools of nursing:

The Canadian Nurses' Association recognizes that educational requirements for admission to schools of nursing in Canada vary in different provinces and schools and, inasmuch as many nurses desire to take postgraduate courses in universities and the requirements of some schools of nursing do not meet university matriculation requirements, the Canadian Nurses' Association has gone on record as recommending to directors

of schools of nursing that academic requirements for admission to their schools be set at not less than university entrance requirements and that educational credentials of applicants be appraised by an authoritative educational body.

(July 4, 1946)

NURSING SERVICE

THAT, A functional analysis of nursing should be made.

(July, 1946)

THAT, Continued efforts shall be made to obtain the licensing of nursing assistants.

(July, 1946)

GENERAL

Division of Nursing, Department of National Health and Welfare:

The Canadian Nurses' Association represents a body of over 25,000 professional women whose services are of vital importance to the people of Canada and, inasmuch as the health plans of the Federal Government will mean added responsibilities for Canadian nursing, it is the conviction of the C.N.A. that the organized nursing profession, and no other group, should be recognized as the spokesman for nursing and as adviser in matters which require its cooperation and will affect it profoundly.

The Canadian Nurses' Association requested its Executive Committee to appoint a small delegation to interview the Minister of National Health and Welfare at the earliest opportunity to again request the establishment of a Division of Nursing within the Department of National Health and Welfare, with a fully qualified nurse as its director.

(June 28, 1948)

Studies of Nursing:

The Canadian Nurses' Association has approved that a clearing-house or bureau for the registration of studies shall be set up at the National Office of the Canadian Nurses' Association to serve all sections and committees of the association, the provincial units and all associated groups, such as the Nursing Section of the Canadian Public Health Association; and recommends that all studies undertaken nationally or provincially shall be registered with the Central Bureau through their respective offices; and that the bureau will notify all provincial associations when such studies are undertaken.

(June 26, 1942)

Pasteurization of milk:

The Canadian Nurses' Association has gone on record as endorsing the compulsory pasteurization of all milk sold for human consumption, strongly urging the governments of all provinces to enact a law to that effect.

(July 3, 1946)

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments—Burnaby, B.C.: *Margaret Ross* (Vancouver Gen. Hosp.). Cornwall: *Marjorie Ottewell* (Gen. & Marine Hosp., Owen Sound). Edmonton: *Mary Burroughs* (Edmonton Gen. Hosp.). London: *Marjorie McLaughlin* (Pembroke Gen. Hosp.). Montreal: *Teresa Clements* (St. Michael's Hosp., Toronto), *Daria Lieven* (St. Thomas's Hosp., London, Eng.), *Marjorie Smith* (Montreal Gen. Hosp.), *Mrs. Violet Tendeck* (Royal Alexandra Hosp., Edmonton), and *Josephine Woodman* (Royal Victoria Hosp., Montreal). Pictou, N.S.: *Grace MacLellan* (Moncton Hosp.). Sarnia: *Mary McKenna* (St. Joseph's Hosp., London, and Univ. of Western Ont.). Ste. Anne de Bellevue, Que.: *Mrs. Mildred Dunn* (Hotel Dieu, Bathurst, N.B.). Toronto: *Lois Bottoms* (Wellesley Hosp., Toronto) and *Joan Bradley* (Toronto Gen. Hosp.). Victoria: *Betty Lahmer* (Royal Jubilee Hosp., Victoria).

Transfers—*Jeannette* and *Noello Bellemare* from Ottawa to Montreal; *Jean Gilbert* from Kingsville, Ont., to Preston, Ont., as nurse in charge; *Marion MacKaracher* from Pictou to Dartmouth, N.S., as nurse in charge; *Mary MacPherson* from Montreal to Pictou as nurse in charge; *Muriel Morgan* from Windsor, Ont., to Kingsville as nurse in charge.

Resignations—Brampton, Ont.: *Beatrice Tomlin* as nurse in charge. Montreal: *Noreen Gleeson* and *Mrs. Ruth McAslan*. Ottawa: *Theresa Lynch*. Pictou: *Hazel Hare*. Preston: *Sadie Savage* as nurse in charge. Surrey, B.C.: *Marion Hellyer*. Toronto: *Mrs. Marjorie Patterson*.

Rapport de la Secrétaire Générale

Le programme de l'Association des Infirmières Canadiennes s'est déroulé de la façon habituelle. Les recommandations adoptées par le Comité Exécutif, A.I.C., telles que soumises par les comités nationaux, spéciaux et conjoints—ainsi que les recommandations apportées et adoptées par le Comité Exécutif au cours des deux dernières années—ont aidé à nous diriger vers les buts que cherchent à atteindre l'infirmière et la profession du nursing. A cet effet, le Bureau National s'est efforcé de mettre en évidence tous les objectifs de l'association.

Membres:

Le nombre total de membres de cette association rapportés au Bureau National:

Au 31 décembre 1950, fut de 30,333
Au 31 décembre 1951, fut de 29,226

Démontrant une diminution de 1,107 membres

Personnel du Bureau National:

Bien que l'on ait fait tous les efforts, au cours de la dernière période biennale, pour s'assurer les services d'une assistante-secrétaire, aucune nomination n'a été faite jusqu'à présent. Nous désirons exprimer ici à Mlle Marion Nash toute notre reconnaissance pour voir bien voulu continuer à agir comme assistante temporaire pendant plus d'un an mais qu'un mauvais état de santé a obligée à abandonner le travail même à temps partiel.

Pendant plusieurs mois votre secrétaire-générale a été le seul membre professionnel du personnel. Mlle Margery Walker, diplômée de l'Ecole d'Infirmières de l'Hôpital New Plymouth, Nouvelle-Zélande, fut adjointe au personnel, le 2 janvier 1952, en qualité d'assistante-secrétaire temporaire et a consenti à y demeurer jusqu'après le congrès biennal de juin 1952.

Mme Marie Bérubé, sténographe bilingue, chargée de la correspondance en français, s'est aussi occupée de la traduction française. Comme c'est un travail qui demande beaucoup de temps et, vu le personnel limité dont nous disposons, il ne nous a pas été possible de nous acquitter de tous les travaux de traduction dont une partie a dû être confiée à des spécialistes en la matière.

Mme Agnes O'Donnell, dactylo et préposée au classement, nous a quittées le 30 avril 1951 pour accepter une position à salaire plus élevé et où elle bénéficiait de la semaine de cinq jours. Elle fut remplacée par Mlle Mari Piile.

Activités du Bureau National:

La correspondance échangée au cours de la période 1950-52 a porté principalement sur les sujets suivants:

1. Demandes de renseignements du Gouvernement Fédéral et d'autres organisations nationales concernant l'offre et la demande d'infirmières; le recrutement des écoles d'infirmières; les échelles de salaires pour les infirmières; les conditions d'admission à l'enregistrement; et les possibilités d'emploi pour les infirmières de toutes les parties du monde.
2. Demandes de renseignements, tracts, etc., de la part d'aspirantes au cours d'infirmière.
3. Demandes de renseignements sur les divers aspects du nursing, reçues d'infirmières poursuivant des études avancées dans des universités, ayant à préparer une thèse, etc.
4. Aide demandée pour trouver des infirmières pouvant remplir telle ou telle position, particulièrement pour assumer des charges administratives.
5. Assistance et guide donnés sur demande à divers comités nationaux et spéciaux.

Bien que nous n'ayions bénéficié des services d'une préposée aux statistiques, nous avons, au cours de cette période biennale, fait tout notre possible pour continuer les études statistiques inaugurées en 1946 concernant l'inscription aux écoles d'infirmières et le pourcentage des élèves qui quittent l'école avant terme. Le Bu-

reau National regrette que le temps et le personnel n'aient pas permis de continuer la compilation d'autres statistiques non moins utiles et pour lesquelles il reçoit sans cesse des demandes.

Les rapports des comités nationaux et spéciaux sont publiés dans le présent numéro du *Journal* et donnent une vue d'ensemble sur les activités de l'Association des Infirmières Canadiennes. Les nouveaux comités suivants furent formés par le Comité Exécutif au cours de cette période biennale:

Comité Spécial d'Etude de la Question des Aides ou Auxiliaires.

Comité Spécial pour la Préparation d'un Plan de Soins en Cas d'Urgence.

Comité Spécial d'Etude de la Situation Financière de *The Canadian Nurse* (dissout).

Comité Consultatif du Placement pour l'Organisation Mondiale de la Santé.

Commission Canadienne du Nursing: (Comité Conjoint—Conseil des Hôpitaux Canadiens, Association des Infirmières Canadiennes, Association Médicale Canadienne).

Comité Conjoint de l'Ecole de Démonstration: Association Canadienne de l'Education, Association des Infirmières Canadiennes.

Les membres du secrétariat du Bureau National agissent comme secrétaires auprès de plusieurs comités nationaux et spéciaux. La secrétaire-générale est membre des comités suivants:

Comité Consultatif National du Nursing, Victorian Order of Nurses for Canada, Ottawa; Comité Consultatif du Nursing, Victorian Order of Nurses for Canada, Division de Montréal; Comité Consultatif National du Nursing, la Société Canadienne de la Croix-Rouge; Comité Consultatif, Comité de Régie, l'Association des Infirmières de la Province de Québec; Comité Consultatif des Services Médicaux et Dentaires de la Défense; Comité des Voies et Moyens, Conseil International des Infirmières; Comité d'Experts des Soins Infirmiers, Organisation de la Santé Mondiale.

Des membres professionnels du Bureau National ont assisté, quand ils ont pu le faire, et ont participé aux discussions de la Commission Conjointe d'Organisation, Association Canadienne pour l'Education des Adultes.

Publications parues au cours de la période 1950-52:

1. "Avantages Offerts aux Infirmières Diplômées d'Universités et d'Hôpitaux du Canada" fut revisé en avril 1951, et publié dans la revue *The Canadian Nurse;* des copies en furent distribuées sur demande.

2. "Faits au Sujet du Nursing au Canada" — cette brochure, revisée et augmentée, est très demandée.

3. "Directives s'Adressant aux Personnels d'Infirmières, 1950, A.I.C."— travail préparé par le Comité National des Relations du Travail, imprimé et distribué par l'entremise du Bureau National.

4. L'Acte constituant en corporation l'Association des Infirmières Canadiennes et les règlements revisés furent distribués aux associations provinciales d'infirmières, selon les quantités requises.

5. L'édition du "Programme d'Etudes à l'Usage des Ecoles d'Infirmières au Canada" est épuisée. Malgré toutes les demandes qui nous en sont adressées, il nous faut répondre que cette publication sera revisée dès que les résultats de l'Ecole de Démonstration d'Infirmières auront été publiés et étudiés.

6. La popularité des extraits des coupures de presse semble continuer et, d'après les commentaires reçus, nous avons tout lieu de croire qu'ils sont considérés comme utiles.

Visites faites par la secrétaire-générale

Commençant par une visite au Nouveau-Brunswick, au début de mars 1951, la secrétaire-générale suivit l'itinéraire bien rempli qu'elle s'était tracé, comprenant les quatre provinces de l'ouest, partant du Manitoba, du 21 avril au 1er juin. Durant cette période, la secrétaire-générale assista à trois assemblées annuelles et y adressa la parole (Manitoba, Saskatchewan, et Alberta) sur des sujets traitant du nursing. En Colombie-Britannique, elle visita huit chapitres et y donna des conférences; elle

adressa aussi la parole aux étudiantes-infirmières de plusieurs écoles. Elle prononça dix allocutions devant des groupes d'infirmières et d'étudiantes de cinq hôpitaux de l'Alberta.

La secrétaire-générale assista aussi à l'assemblée annuelle de l'Association des Infirmières Enregistrées de la Nouvelle-Ecosse en juin et de l'Ile-du-Prince-Edouard en octobre 1951, et y adressa la parole.

Au cours de ces visites elle eut des entretiens avec les autorités des divers gouvernements et hôpitaux et consacra plusieurs heures à l'explication de problèmes relevant du nursing, etc.

Nouvelles internationales:

Un événement mémorable pour les infirmières se produisit en mai 1951. La Commission des Nations-Unies sur le Statut de la Femme, réunie à Lake Success, avait inscrit à l'ordre du jour de cette assemblée l'étude du rapport du Comité d'Experts des Soins Infirmiers de l'Organisation Mondiale de la Santé. Pour la première fois, le nursing figurait à l'ordre du jour de la réunion d'une commission des Nations-Unies. Le résultat de cette étude fera époque dans l'histoire. La Commission adopta à l'unanimité une résolution priant le Secrétaire Général des Nations-Unies:

> D'attirer l'attention des Etats Membres sur l'importance (a) de faire reconnaître partout le statut professionnel de l'infirmière et (b) d'assurer la protection légale de ce statut.

Il était recommandé que les organisations non-gouvernementales coopèrent avec les gouvernements et les associations professionnelles d'infirmières à ces fins. Les membres de la Commission appuyèrent la résolution en rendant un vibrant hommage à l'infirmière, affirmant que reconnaître la dignité de la profession d'infirmière c'est rendre hommage au rôle social de la femme.

Ont participé à cette assemblée: Une représentante spéciale du Conseil International des Infirmières, Mlle Ruth Sleeper; une représentante permanente du Conseil International des Infirmières, Mlle Effie Taylor; et Mlle Lucile Petry, représentant le Comité d'Experts des Soins Infirmiers de l'Organisation Mondiale de la Santé.

Copies de la résolution furent adressées à toutes les associations provinciales.

La secrétaire-générale eut l'avantage d'assister aux séances du Conseil Economique et Social des Nations-Unies à Genève alors que cette résolution fut étudiée, au cours des séances traitant du Statut de la Femme; la résolution concernant le statut des infirmières fut acceptée sans aucune modification.

La secrétaire-générale accompagna la présidente aux réunions du Conseil d'Administration du Conseil International des Infirmières, tenues à Bruxelles les 20 et 25 août 1951. La secrétaire-générale assista aussi à des réunions spéciales du Comité des Voies et Moyens du C.I.I. et, en l'absence de Mlle Lucy Germain, convocatrice, elle agit comme convocatrice intérimaire à ces réunions.

La secrétaire-générale reçut aussi, de la Division des Hôpitaux du Collège Américain des Chirurgiens, une invitation à participer à une conférence de trois jours, tenue à Boston, Mass., en octobre 1950, et à y adresser la parole sur "La Situation Actuelle du Nursing au Canada."

En août 1951, la secrétaire-générale reçut de l'administration de la Ligue Fédérale de Sécurité du Service d'Hygiène Publique des Etats-Unis, une invitation à prendre part à une conférence sur les problèmes de la vieillesse devant se tenir à Washington, D.C. Des renseignements furent obtenus par l'entremise de l'American Nurses' Association sur la nature de cette conférence et, après avoir appris qu'il s'agissait principalement de porter à la connaissance du public les problèmes croissants résultant d'une population qui vieillit et de l'intéresser à ces questions, elle a jugé à propos de décliner l'invitation.

Causeries et articles sur le nursing:

Sur l'invitation du District 8 de l'Association des Infirmières Enregistrées d'Ontario, Ottawa, la secrétaire-générale et Mlle Nash tinrent une

conférence sur les activités de l'A.I.C. dans le but de faire connaître aux membres le rôle de l'A.I.C.

Des causeries ont aussi été données aux étudiantes de l'Ecole pour Infirmières Diplômées de l'Université McGill sur "Les Nouveaux Horizons du Nursing," ainsi qu'aux étudiantes des écoles d'infirmières de Montréal.

Des articles furent rédigés pour les périodiques suivants:

1. Un article portant sur l'ordre nouveau et le nursing fut publié dans la revue *The Anglican Outlook*.
2. Un article intitulé "Tel Que les Autres Nous Voient," publié dans le *Journal Médical du Canada*.
3. Dans la revue *The Canadian Nurse*, octobre 1951, un article intitulé "Ecoles Centrales pour les Régions Rurales."
4. Ligue de Santé du Canada—articles pour être publiés durant la Semaine Nationale de Santé.
5. Une brochure sur le nursing, destinée aux membres du personnel médical des hôpitaux, fut préparée à la demande de la Commission Canadienne du Nursing.

Affiliation de l'A.I.C. à des organisations internationales:

Au cours de la période biennale qui se termine, l'Association des Infirmières Canadiennes s'est affiliée à l'Association d'Hygiène Mentale du Canada afin de participer aux bénéfices de l'adhésion à la Fédération Mondiale de l'Hygiène Mentale; le droit d'admission à la Fédération Mondiale de l'Hygiène Mentale se trouve répartie entre plusieurs organisations. Cette affiliation permet à l'A.I.C. de recevoir des publications sur l'hygiène mentale, distribuées par la Fédération Mondiale, y compris un bulletin. Les membres de l'A.I.C. peuvent aussi assister aux séances plénières des congrès de la Fédération Mondiale. L'association recevra toutes les publications régulières de l'Association d'Hygiène Mentale du Canada.

L'adhésion à la Fédération Internationale des Hôpitaux, que l'on a aussi obtenue, permet à l'association de participer au Service d'Information au moyen duquel l'on peut obtenir des renseignements au sujet des hôpitaux d'autres pays et des questions qui en relèvent. L'on bénéficie aussi de l'abonnement au bulletin trimestriel, publié par la Fédération Internationale des Hôpitaux, ainsi que de la réception des rapports des conférences tenues en différents temps.

Affiliation de l'A.I.C. à des organisations nationales:

Depuis 1944, l'A.I.C. a été affiliée au Conseil National des Femmes et s'est fait représenter aux assemblées annuelles de cet organisme. La présidente de l'A.I.C. assiste, quand elle peut le faire, à la conférence annuelle des présidentes nationales tenue par le Conseil National des Femmes.

Conférence sur les aspects du nursing dans la guerre atomique:

La présidente et la secrétaire-générale furent invitées par le Ministère de la Santé à assister à une conférence de cinq jours sur les Aspects du Nursing dans la Guerre Atomique, tenue par le Service d'Hygiène Publique des Etats-Unis, à Atlanta, Georgie, en janvier 1951.

Comité d'Echange d'Infirmières:

Une étude attentive des activités au Comité d'Echange d'Infirmières, depuis sa réorganisation en 1947, fut faite en février 1952, comme résultat de laquelle la résolution suivante fut soumise au Comité Exécutif de l'A.I.C., lors d'une assemblée tenue le 14 février 1952, à laquelle elle fut adoptée:

CONSIDÉRANT, La réponse médiocre de la part des infirmières à cette offre d'échange; et

CONSIDÉRANT, Que la majorité des infirmières cherchent de l'emploi sans se prévaloir des avantages d'un programme organisé à cette fin; et

CONSIDÉRANT, Que le placement des infirmières ne constitue pas la fonction du Comité d'Echange d'Infirmières de l'Association des Infirmières Canadiennes;

Le Comité d'Echange d'Infirmières recommande au Comité Exécutif de l'A.I.C. que le Comité d'Echange d'Infirmières soit dissout.

En acceptant cette recommandation, le Comité d'Echange d'Infirmières est convaincu que toutes les

demandes concernant les possibilités d'emploi, qui lui seront adressées, continueront à relever du Bureau National de l'A.I.C.

Assemblées de l'Exécutif:

Le personnel du Bureau National a exécuté le travail résultant des assemblées de l'Exécutif tenues à Montréal et à Windsor, Ont.

Vu la visite récente de la secrétaire-générale aux associations provinciales, il fut décidé de supprimer la conférence des registraires qui devait se tenir l'an dernier.

Au service des membres:

Le travail d'organisation se poursuit constamment. La constance, l'efficacité, et l'assurance de ce service envers les membres constituent un gage de succès pour l'association. L'Association des Infirmières Canadiennes semble plus éloignée des membres individuels que ne le sont les associations provinciales et les preuves tangibles de l'utilité d'une association nationale sont moins en évidence; c'est là le côté désappointant de notre organisation. Nous espérons, toutefois, que lorsque le personnel du Bureau National pourra être augmenté, nous serons en mesure de rendre des services plus étendus aux membres de l'A.I.C.

GERTRUDE M. HALL
Secrétaire-Générale

Rapport de la Trésorière

Cotisations d'affiliation: L'affiliation annuelle a été augmentée conformément aux dispositions du *Règlement I, Article 2*, savoir:

> A compter du 1er janvier, 1952, une cotisation annuelle de deux dollars ($2.00) par membre sera perçue par l'association provinciale à laquelle chaque membre appartient et sera remise à cette Association par la dite association provinciale les 31 mars, 30 juin, 30 septembre, et 31 décembre, suivant la date de perception selon le cas.

La cotisation d'affiliation au Conseil International des Infirmières, pour les années 1951 et 1952, à raison de 8 pence par membre, a été acquittée. Le Comité Exécutif approuva aussi le montant assigné aux associations nationales par la Fondation Internationale Florence Nightingale—à savoir, un tiers de la cotisation annuelle d'affiliation au Conseil International des Infirmières durant la prochaine période de deux ans—et recommanda que l'allocation à l'Association des Infirmières Canadiennes soit payée à même le fonds général de l'association.

Nouveau placement des fonds de l'A.I.C. et du The Canadian Nurse Journal: Les obligations du Dominion du Canada que détenait l'A.I.C., pour le montant de $3,500, ont été rachetées, de même que celles détenues dans le Fonds de Protection du *The Canadian Nurse Journal* pour la somme de $3,000. Conformément à la décision du Comité Exécutif prise à l'assemblée du 22 juin 1950, ces fonds furent placés de nouveau comme suit:

Pour le compte de l'Association des Infirmières Canadiennes: Obligations du Dominion du Canada à 2¾%, échéance 1967-68, à $100—$3,500.

Pour le compte du Fonds de Protection du The Canadian Nurse Journal: Obligations du Dominion du Canada à 2¾%, échéance 1967-68, à $100—$3,000.

Augmentation du loyer du Bureau National: En Octobre 1950, nous avons reçu un avis qu'à compter du 1er mai 1951, notre loyer serait augmenté à $190 par mois; il était précédemment de $175 par mois.

GERTRUDE M. HALL
Trésorière

Rapport de "The Canadian Nurse"

Deux points ont retenu particulièrement notre attention au cours de cette période biennale: l'augmentation encourageante du nombre d'abonnés au *Journal*, de 9,800 qu'il était en 1950 à 13,500 en 1952, ce qui est une preuve de l'intérêt croissant dans la lecture de cette revue; une forte diminution dans les annonces commerciales et des revenus provenant de cette source. Toutefois un changement apporté dans ce département nous fait espérer que la situation s'améliorera dans ce domaine.

Le *Journal* a reçu des membres de l'Association des Infirmières Enregistrées du Nouveau-Brunswick un précieux encouragement, tel que rapporté en 1950, et il nous fait plaisir de rapporter qu'un arrangement semblable a été accepté par l'Association des Infirmières Enregistrées de l'Alberta et de l'Ile du Prince-Edouard. Nous espérons sincèrement que ce mode de paiement de l'abonnement annuel incorporé dans la cotisation d'enregistrement provincial sera adopté par les autres associations provinciales.

Le maintien des dépenses au minimum nous a permis de continuer l'abonnement au taux établi en 1947, en dépit de l'augmentation du coût de production du *Journal*. Il est intéressant de noter que nous avons actuellement des abonnés dans 63 pays différents.

En 1951, un abonnement de deux ans au *The Canadian Nurse* fut accordé comme prix, dans toutes les écoles d'infirmières du Canada, à la nouvelle diplômée démontrant le plus d'aptitudes à l'avancement professionnel. Cinquante-neuf écoles ont participé à cette offre et comme elle doit se renouveler chaque année nous avons tout lieu de croire que le nombre de prix ira en augmentant.

L'éditorial du *Journal* a pu maintenir la qualité de ses écrits grâce à la splendide collaboration d'auteurs compétents. A tous, nous exprimons notre sincère reconnaissance.

Sauf quelques causeries prononcées aux écoles d'infirmières et à diverses associations, aucune tournée de conférence n'a été faite à travers la province. Une tournée de ce genre est toutefois projetée pour la fin de mars en Colombie-Britannique.

MARGARET E. KERR
Rédactrice et Directrice

Rapport du Bureau de Rédaction de "The Canadian Nurse"

Le rapport du Bureau de Rédaction peut se résumer comme suit:

I. *Annonces commerciales:* A la suite de recommandations faites par le comité spécial chargé d'étudier la situation financière de *The Canadian Nurse*, les mesures suivantes furent prises:

(a) Le contrat passé avec McGoey Brothers a pris fin et une nouvelle entente fut conclue avec Edwards & Finlay Limited, Toronto, Ont. Il est encore trop tôt pour faire une assertion sur ce changement mais nous pouvons toutefois dire qu'une réaction plus favorable se fait sentir de la part des annonceurs.

(b) Pour la première fois en cinq ans, et ce avec l'approbation des nouveaux représentants, les taux d'annonces furent augmentés.

(c) L'adhésion au Canadian Circu-

lations Audit Board fut obtenue et la première vérification de notre tirage vient de se terminer; on dit que c'est une condition essentielle de l'obtention d'annonces commerciales.

II. *Tirage:* Trois provinces—Nouveau-Brunswick, Alberta et Ile du Prince-Edouard—ont accepté d'inclure le prix de l'abonnement dans le montant de la cotisation annuelle de membre et plusieurs autres provinces sont à étudier cette question.

Le tirage a atteint un chiffre record en février 1952.

III. *Personnel:* L'on a été autorisé à retenir les services d'une assistante à la rédactrice dont la fonction sera de faire de la réclame au *Journal* en faisant ressortir les aspects éducatifs. Elle aidera aussi la rédactrice dans l'exécution de certaines tâches. L'Association des Infirmières Canadiennes a accordé la somme de $3,000 pour être appliquée au traitement et aux dépenses de cette assistante pendant la première année. La nomination sera faite dès que l'on aura trouvé une infirmière possédant les qualifications requises pour ce genre de travail.

Cet arrangement permettra aussi à la rédactrice d'entreprendre des tournées de conférences, moyen qui s'est démontré efficace dans la propagande en faveur du *Journal.*

Le Bureau de Rédaction s'inquiétait depuis quelque temps de la tâche énorme et des lourdes responsabilités qui incombaient à la rédactrice et directrice du *Journal;* aussi, est-ce avec satisfaction qu'il a accueilli les mesures prises pour améliorer cette situation.

MARY S. MATHEWSON
Convocatrice

Comité de la Constitution, Loi et Règlements

Ce comité, tel qu'autorisé par l'Assemblée Générale de 1950, et qu'il en a été prié par l'Exécutif à son assemblée de février 1951, a fait publier la Loi de Constitution et les Règlements qui furent ensuite distribués.

Les amendements suivants aux Règlements sont proposés:

I. Que le *Règlement VIII, Article 10,* soit modifié pour se lire comme suit:

Que le Comité des Relations d'Emploi étudie attentivement toutes les questions relevant des Relations d'Emploi en ce qui regarde les infirmières soit à titre d'employées ou en qualité d'employeurs et se tienne bien informé de toutes les questions relatives à la Convention Collective, aux Lois et Règlements du Travail, concernant la situation des infirmières comme employeurs ou employées, pour protéger autant que possible la position et l'emploi de l'infirmière.

II. Que le *Règlement VIII, Article 1,* soit modifié pour le lire comme suit:

Les Comités Nationaux de l'Association seront les suivants:

(a) Le Comité du Service Institutionnel.
(b) Le Comité du Service Privé.
(c) Le Comité d'Hygiène Publique.
(d) Le Comité de l'Education.
(e) Le Comité de la Constitution, Loi et Règlements.
(f) Le Comité des Relations d'Emploi.
(g) Le Comité d'Assurance-Santé.
(h) Le Comité du Programme.
(i) Le Comité d'Organisation.
(j) Le Comité des Activités des Elèves-Infirmières.
(k) Le Comité de Finance.

TRENNA HUNTER
Convocatrice

Comité des Relations du Travail

Aucune question ni aucun problème concernant les relations d'emploi n'ont été référés à ce comité au cours de la période biennale 1950-52. Voici le résumé des activités des Comités Provinciaux des Relations du Travail:

Colombie-Britannique—Un Comité des Relations du Travail actif démontre comment un programme bien établi sur les relations du travail peut être utile aux infirmières.

Alberta—Le comité a revu et revisé ses recommandations concernant le personnel du nursing.

Saskatchewan—Le comité a aussi revisé ses recommandations. La nouvelle échelle des salaires a été approuvée par l'Association des Hôpitaux de la Province de Saskatchewan.

Manitoba—Le comité s'est réuni pour reviser ses recommandations. Une échelle des salaires minimums rédigée en avril 1951 a dû être revisée en octobre 1951. Le comité espère se réunir avec les membres du Comité des Hôpitaux Associés du Manitoba.

Ontario—Un autre comité actif qui a revu et revisé ses recommandations.

Québec—Le comité présentera la revision des échelles de salaires ainsi que des directives recommandées en 1952.

Nouveau-Brunswick—Un nouveau Comité des Relations du Travail a été formé et doit travailler à l'étude de recommandations sur les directives à l'usage des personnels d'infirmières, devant être présentées à l'assemblée annuelle en septembre 1952.

Nouvelle-Ecosse—Un comité a été formé pour l'étude de directives destinées aux personnels d'infirmières.

Ile-du-Prince-Edouard—Le comité national a été heureux d'apprendre qu'il avait donné une certaine impulsion au comité provincial et le premier projet de directives à l'usage des personnels d'infirmières fut rédigé au début de 1952. "Nous avons l'intention de poursuivre ce travail."

RÉSUMÉ

Neuf associations provinciales ont maintenant formé des comités des relations d'emploi. Six comités revisent leurs recommandations annuellement.

Il ne semble plus y avoir besoin d'un comité national maintenant que les comités provinciaux peuvent assumer les fonctions du comité national.

INA I. BROADFOOT
Convocatrice

Rapport du Comité du Mémorial de Guerre

Le Comité du Mémorial de Guerre décida d'utiliser, au cours de la période biennale 1950-52, le montant qui restait au compte du Fonds du Mémorial de Guerre.

L'on s'informa des besoins des divers pays après quoi on acheta et expédia 96 séries de planches anatomiques, publiées par Denoyer-Geppert Co., qui furent distribuées entre 12 pays.

Des machines à polygraphier Gestetner furent achetées pour la France et l'Allemagne. Des quantités considérables de papier, stencils, etc., furent aussi expédiées avec les machines.

Une machine à écrire fut rebâtie et expédiée à l'Association des Infirmières de Norvège ainsi qu'une à la nouvelle école de perfectionnement pour infirmières, à Paris.

Des manuels de nursing et des revues furent envoyées aux écoles universitaires d'infirmières de l'Inde et de Paris, ainsi qu'aux hôpitaux aux Indes et en Ethiopie.

Des abonnements à long terme à la revue *The Canadian Nurse* furent pris en faveur de 200 infirmières et hôpitaux.

Le travail de ce comité, commencé en 1946, est maintenant terminé. Le comité recommanda au Comité Exécutif de l'A.I.C. que la petite somme qui reste au crédit de ce fonds, formée presqu'entièrement d'intérêts accrus, soit versée au Fonds d'Administration E. Frances Upton et que ce comité soit dissout.

MARGARET E. KERR
Convocatrice

Comité des Relations Extérieures

Le Comité des Relations Extérieures a un objectif étendu mais ses activités sont limitées, faute de fonds. La publicité, à travers le pays, a été faite en grande partie par la distribution de tracts fournis par le Bureau National en nombres croissants. Ces écrits ont été examinés par le comité puis revisés après consultation avec les associations provinciales.

Le Service de Coupures de Presse a servi à démontrer la valeur des écrits sur le nursing et leur volume prouve bien que la presse canadienne reconnaît le rôle important que joue l'infirmière dans le programme de santé et de bien-être. Des articles ont été préparés au Bureau National pour la presse et autres agences de publicité.

Les tentatives faites en vue d'exploiter d'autres voies de publicité en utilisant la radio et le film ne se sont pas démontrées un succès.

Il est reconnu que seulement une faible partie de la publicité sur le nursing a résulté de l'oeuvre de ce comité. Les relations extérieures font partie de toute activité en nursing.

Dans le dernier rapport du Comité des Relations Extérieures, présenté par Mlle McArthur, en 1950, on lisait ce qui suit:

> Il semble que la solution de quelques-uns des problèmes qui se posent au comité est en grande partie en-dehors de ses attributions. L'on recommande donc au Comité Exécutif de l'A.I.C. d'étudier les possibilités d'une étude de la structure de l'A.I.C. Une étude de ce genre pourrait, entre autres choses, apporter à ce comité une indication plus précise des besoins et des ressources de l'A.I.C., en vue du développement d'un programme bien établi de relations extérieures.

Il est encourageant de constater que cette étude a été faite et est terminée et, avec toutes les autres infirmières, nous attendons les recommandations qui en résulteront.

M. Christine Livingston
Convocatrice

Comité d'Administration du Fonds E. Frances Upton

Activités du Comité:

Le travail du comité fut exécuté par correspondance; aucune assemblée ne fut tenue durant la période d'activité.

Le budget et le programme des activités de la période biennale 1950-52 furent soumis à la secrétaire-générale, étudiés et approuvés au cours de l'assemblée du Comité de Finance tenue à Montréal en février 1951.

Le 18 décembre 1950, une demande d'aide pécuniaire en faveur de deux infirmières britanniques, au montant de $100 pour chacune, fut transmise au comité par la secrétaire-générale, fut agréée et la somme fut versée au début de janvier 1951. Ce fut la seule demande d'assistance reçue.

Le travail du comité se continua selon le programme tracé, pendant l'année 1951. L'on fixa pour chaque province un objectif minimum et les membres du comité se partagèrent la tâche de communiquer avec les secrétaires provinciales.

Jusqu'à date, 4 des 9 provinces ont envoyé leur contribution.

Le 5 mars 1951, la motion suivante fut rapportée dans une lettre de la secrétaire-générale, motion qui fut adoptée à l'assemblée du Comité Exécutif tenue à Montréal, le 8 février 1951:

> Que le Comité d'Administration du Fonds E. Frances Upton soit prié de reviser ses objectifs et sa méthode d'administration et qu'il en fasse rapport du Comité Exécutif.

Cette motion fut retournée au Comité Exécutif avec une demande d'explication, étant donné que les buts du comité avaient été établis par l'association.

Au cours d'une assemblée du Comité Exécutif, tenue du 1er au 3 novembre 1951, les attributions suivantes, confiées au Comité d'Administration du Fonds E. Frances Upton, furent portées à la connaissance des membres et reçurent l'approbation.

ETAT DES RECETTES ET DÉPENSES

Montant en Banque		$238.05
RECETTES		
Dons:		
Association des Infirmières Enregistrées de la Nouvelle-Ecosse	$ 42.25	
Association des Infirmières Enregistrées d'Ontario	100.00	
Association des Infirmières Enregistrées d'Alberta	30.00	
Association des Infirmières Enregistrées de la Colombie-Britannique	124.65	
	296.90	
Intérêts	.71	
		297.61
		$535.66
DÉPENSES		
Aide accordée à deux infirmières	$200.00	
Dépenses pour travail de bureau	10.00	
Frais bancaires	.75	
Frais d'encaissement	1.00	
		211.75
Montant en Banque au 31 décembre 1951		323.91
		$535.66

Attributions:

Recueillir les contributions des infirmières du Canada dont la somme serait utilisée aux fins suivantes:

(a). Venir en aide aux infirmières du Canada ou d'autres pays qui pourraient s'adresser directement au comité pour demander une assistance pécuniaire afin de se procurer certaines nécessités telles que: lunettes, appareils orthopédiques, pièces dentaires, chaises roulantes, vêtements chauds, etc.

(b) Aider les infirmières dont l'état peut nécessiter une période de convalescence dans une maison de repos.

(c) Procurer certains aliments ou médicaments dans certains cas de nécessité de médication ou de diète spéciale.

(d) Procurer les services d'infirmières spéciales dans des cas de maladies graves.

(e) Pourvoir au soulagement d'autres cas spécifiques non définis précédemment et qui, dans l'opinion du comité, mériteraient du secours.

Façon de procéder:

1. La perception des fonds sera faite par le Comité du Fonds E. Frances Upton.

2. Les demandes pourront être adressées directement par les infirmières qui désirent obtenir du secours ou par l'entremise des associations provinciales d'infirmières.

3. Le comité devra se charger de faire enquête pour établir le mérite dans chaque cas.

4. Le comité décidera du montant et de la durée de l'aide que l'on jugera à propos d'apporter.

5. Le comité ne sera pas tenu de fournir à l'Exécutif de l'A.I.C. les noms des infirmières qui demandent du secours ni de celles à qui cette assistance aura été accordée.

Un rapport financier est attachée à ce rapport.

En qualité de convocatrice, je désire exprimer mes remerciements aux membres du comité qui ont contribué à l'exécution du programme tracé pour la période biennale qui se termine. EUGENIE M. STUART

Convocatrice

Comité des Archives

Le Comité des Archives n'a pas été actif durant la dernière période biennale. Après avoir soumis les résultats de nos recherches concernant les fonctions de ce comité et les moyens de les exécuter, nous attendons d'autres directives de notre association.

SOEUR JEANNE FOREST, S.G.M.

Convocatrice

To Remove Water Marks and Scratches on Wood—Soak area well for several hours with warm household oil (camphorated, olive, castor or linseed oil). Rub well with soft cloth or use cut side of Brazil nut and lots of elbow grease.

Commission de l'Etude de la Structure

En même temps qu'il était procédé par le Comité Exécutif à la nomination d'une Commission de l'Etude de la Structure à l'issue de la réunion biennale de l'association à Vancouver, en juin 1950, des plans ont été tracés pour l'exécution de cette Etude: les attributions de la commission ont été définies et une directrice fut choisie. Le Dr Jewett se mit à l'oeuvre le 15 janvier 1951, et à partir de ce jour, s'est tenu en rapport avec l'association nationale et avec les associations provinciales à travers le pays. Le Rapport de son étude a été étudié par la Commission de l'Etude de la Structure, par le Comité Exécutif, et est maintenant entre les mains des associations provinciales afin que les membres de ces dernières puissent prendre connaissance des conclusions mises en lumière par ce Rapport.

I. *Les recommandations de la Commission de l'Etude de la Structure:* Le 15 janvier votre commission s'est réunie pour examiner le Rapport du Dr Jewett. Deux membres étaient absents mais ont envoyé à la commission un memorandum dont il a été tenu compte lors de la présentation du Rapport au Comité Exécutif. Votre commission avait espéré une opinion unanime au sujet des points les plus importants du Rapport mais cette unanimité n'a pas été atteinte complètement. Après une discussion prolongée la résolution suivante, dûment proposée et secondée, a été adoptée:

> Que la commission recommande au Comité Exécutif que le Rapport sur l'Etude de la Structure soit approuvé et que ses recommandations soient mises en oeuvre aussitôt que possible.

La motion a été approuvée moins une voix. Le membre dissident se déclara d'accord pour que le Rapport soit soumis au Comité Exécutif pour étude. Cependant, elle désirait soumettre à celui-ci les raisons justifiant son abstention, comme suit:

> 1. L'Association des Infirmières Canadiennes est une fédération de neuf provinces. Pour cette raison, il serait nécessaire de maintenir les représentations provinciales, les déléguées provinciales, etc., qui sont les porte-parole de leur province. Le même principe s'applique aux représentants des communautés religieuses.
>
> 2. L'obligation d'adhérer à l'association telle que proposée ne peut être imposée.
>
> 3. Il serait investi une trop grande concentration de pouvoirs et de responsabilités à un petit nombre de personnes dans une organisation comme celle qui est proposée.

Il convient d'ajouter que la directrice de l'Etude a consulté le conseil juridique de l'Association des Infirmières Canadiennes au sujet des points énumérés et celui-ci l'a assurée que les recommandations du Rapport auxquelles ces commentaires se rapportent ne sont pas contraires à l'Instrument actuel d'Incorporation de l'Association des Infirmières Canadiennes.

II. *Certaines observations qui réflètent l'opinion de la majorité des membres de la commission:*

1. La sagesse qui a inspiré la commission dans son choix du Dr Jewett comme directrice de l'Etude est confirmée. A notre opinion, elle a rendu à la profession organisée un service d'une haute compétence et tout à fait remarquable.

2. Les conclusions et recommandations du Rapport sont admirables à la fois aux points de vue de leur teneur et de leur forme: acceptables en principe quoique certains changements de peu d'importance soient indiqués.

3. L'influence unifiante des visites de la directrice chez les membres et de ses contacts avec ces dernières est apparente. En effet, elle s'est efforcée au cours de cette étude de renforcer la position des associations provinciales au sein de l'organisation nationale au lieu de chercher à l'amoindrir.

4. Le Rapport fournit une direction et une poussée dynamique aux activités professionnelles lesquelles,

au fur et à mesure que les recommandations du Rapport seront mises en oeuvre, devraient s'orienter vers de nouvelles réalisations.

III. *Mesures prises par le Comite Exécutif:* A la réunion du Comité Exécutif tenue le 14 février 1952, il fut présenté un exposé des progrès de la Commission de l'Etude de la Structure, rapport qui fut discuté avec les résultats suivants:

1. Le Rapport fut renvoyé aux associations provinciales pour un nouvel examen et des dispositions furent arrêtées pour qu'une considération entière soit accordée au Rapport lors de la réunion biennale de cette année et visant des mesures à prendre sur les recommandations lors d'une réunion générale devant avoir lieu au début de 1953, réunion qui serait convoquée spécialement dans ce but.

2. Des dispositions furent prises pour que le Rapport soit tiré aussi bien en français qu'en anglais.

IV. *Certaines observations d'ordre général:* Dans le but de faciliter une discussion du Rapport à cette réunion votre commission propose que les points suivants soient pris en considération:

1. L'Etude a été faite et le Rapport a été rédigé par une personne qui est, elle-même, une spécialiste en science politique—c'est-à-dire que les connaissances, le point de vue d'un autre champ professionnel ont pesé d'une façon originale et effective sur les problèmes de la profession organisée du nursing.

2. L'association n'était pas satisfaite de l'organisation telle que présentement constituée et administrée. S'il en eût été autrement, l'Etude n'aurait pas été entreprise. Pourquoi ne discuterions-nous pas ses recommandations avec des esprits scrutateurs et une volonté de trouver des solutions nouvelles et meilleures, avec une attitude et un état d'esprit ouverts à des changements possibles si ces changements sont prometteurs d'amélioration? C'est une chose de prêcher en faveur d'une étude et une autre tout à fait de seconder les mesures proposées comme résultat de l'Etude. Avec une attitude ouverte et libre de préjugés, avec une conviction née du besoin, et avec une conception scientifique à la recherche de, et prête à accepter de nouvelles lumières pour la solution de nos problèmes professionnels, allons de l'avant—épaule à épaule—le long de nouveaux sentiers dirigés tout droit vers la réalisation de nouveaux espoirs.

3. Cinq concepts sont à la base des recommandations du Rapport:

(a) Les fonctions de l'organisation nationale en rapport avec les associations provinciales—en général, une relation de nature consultative avec les éléments qui sont autonomes.

(b) La composition et le nombre de membres du Comité Exécutif—les groupes provinciaux en qualité de membres plutôt qu'en qualité de représentants (et ceci également en ce qui concerne les communautés religieuses), avec un nombre total réduit de membres.

(c) La structure des comités réorganisés sous le rapport des fonctions et du nombre.

(d) Le besoin d'un personnel plus nombreux au Bureau National.

(e) Une mise en oeuvre graduelle des recommandations.

La Commission de l'Etude de la Structure (c'est-à-dire la majorité de ses membres) soumet donc à votre considération entière et sérieuse les principes et les directives concrétisés dans le Rapport avec l'espoir que ses recommandations seront approuvées et exécutées dans un avenir rapproché.

Nous ne saurions mettre le point final à ce rapport sans signaler l'aide précieuse que nous a fournie le Dr Muriel Uprichard qui a agi comme conseiller auprès de la commission. En sa qualité de spécialiste en matière d'enseignement, elle a accordé généreusement son temps et son talent à toutes les phases du travail de la commission auquel elle a collaboré de façon habile et compétente.

FLORENCE H. M. EMORY
Convocatrice

Calcium is even more necessary to old people than to young since it helps to prevent brittleness of bones.

Comité d'Assurance-Santé

A la première assemblée du Comité d'Assurance-Santé tenue au cours de l'automne de 1950, les recommandations suivantes contenues dans le rapport du comité précédent furent discutées:

Que le Comité d'Assurance-Santé étudie le mémoire présenté par l'Association des Infirmières Canadiennes au Comité Consultatif d'Assurance-Santé en 1943, dans le but de définir, selon l'opinion des membres, la place que devrait occuper le nursing dans toute législation future—fédérale ou provinciale—concernant l'assurance-santé.

Les attributions du Comité d'Assurance-Santé, désignées par l'A.I.C., furent étudiées. Le Comité Exécutif pria le Comité d'Assurance-Santé d'étudier la place du nursing dans toute législation future et d'établir les principes fondamentaux de toute initiative que l'association pourrait prendre à ce sujet dans l'avenir.

Le premier soin du comité fut de formuler les principes suivants:

1. Les organisations professionnelles d'infirmières devraient exercer une influence sur la législation concernant toutes les questions qui pourraient intéresser la profession du nursing, le public, et l'infirmière.

2. Les organisations professionnelles d'infirmières devraient étudier les besoins en services de nursing de tous les groupes économiques dans les centres urbains et dans les régions rurales; se rendre compte des ressources dont on dispose en nursing; estimer les possibilités d'augmentation de ces ressources en cas de besoin et formuler un plan d'action en vue de la formation d'un personnel supplémentaire pour répondre à une demande éventuelle de services de nursing.

3. Un service de nursing bien organisé est une nécessité dans tout programme de santé et devrait être disponible tout comme le service médical.

4. Un service adéquat de nursing, dans tout programme de santé, doit être basé sur les besoins de l'individu et comprendre les soins à domicile aussi bien qu'à l'hôpital.

5. Un service de nursing bien organisé, dans un programme de santé, doit comprendre des soins préventifs comme des soins curatifs.

6. Tout programme de santé devrait comprendre un service adéquat de nursing à la disposition, dans les municipalités urbaines et rurales, de tous les individus, sans distinction de leur situation pécuniaire.

7. Dans le but de maintenir à un niveau élevé le standard des services de nursing, des organisations professionnelles d'infirmières devraient diriger et règlementer l'éducation dans le domaine du nursing de même que les qualifications et les lignes de conduite des membres du personnel des divers services de nursing.

8. Les organisations professionnelles de nursing devraient assumer la responsabilité de déterminer les devoirs spécifiques des membres du personnel infirmier.

9. Les tâches, en nursing, qui ne requièrent pas la compétence professionnelle de l'infirmière enregistrée devraient être confiées à des aides ou auxiliaires.

10. Une surveillance adéquate devrait être exercée sur les aides ou auxiliaires tout comme sur les infirmières enregistrées.

Après avoir étudié la place que devrait occuper le nursing dans la législation future, le rapport suivant, basé sur les principes précédemment énoncés, fut rédigé:

1. Considérant que le service de nursing est essentiel à la protection de la santé, à la prévention de la maladie et au soin des malades, il devrait être inclus dans le Plan National d'Assurance-Santé et devrait être rendu disponible à tous les individus sans distinction de leur situation pécuniaire, dans toutes les municipalités rurales et urbaines, à domicile, à l'hôpital et partout où tel service serait requis.

2. Lorsque le Plan National d'Assurance-Santé sera en voie de préparation, des représentantes infirmières, dont le choix serait approuvé par l'Association des Infirmières Canadiennes, devraient être invitées à siéger à tous les conseils, comités ou commissions dont les fonctions

comprendraient l'organisation, l'administration et la surveillance de services de nursing.

3. Que dans tous les relevés nationaux ou provinciaux, faits dans le but d'estimer les besoins et les ressources en nursing, et dans la préparation de plans d'action pour répondre à ces besoins, l'on invite des infirmières représentantes de l'A.I.C. ou des associations provinciales d'infirmières à agir comme consultantes auprès du personnel préposé à la recherche.

4. Que les soins de nursing soient confiés à des groupes professionnels et auxiliaires et que les fonctions respectives de ces deux groupes soient définies par l'A.I.C. ou par les associations provinciales d'infirmières.

5. Que dans le but d'assurer et de sauvegarder un standard élevé du service de nursing, l'A.I.C. et les associations provinciales devraient être chargées d'approuver:

Les normes établis pour:—

(a) L'éducation en nursing.
(b) Les soins de nursing.
(c) La formation des aides ou auxiliaires.
(d) L'enregistrement et le contrôle des groupes professionnels et des groupes d'auxiliaires du nursing.
(e) Les directives s'adressant aux divers personnels des deux groupes.

6. Que le choix du personnel pour fonctions administratives, de surveillance ou d'enseignement dans les services de nursing, soit basé sur les normes établies et les qualifications jugées nécessaires par l'A.I.C. ou les associations provinciales d'infirmières.

7. Considérant que la surveillance est essentielle pour assurer et maintenir le niveau élevé de tout service de nursing, elle devrait conséquemment être exercée et sur les groupes professionnels et sur les groupes d'auxiliaires du nursing.

En février 1952, le Comité d'Assurance-Santé fit les recommandations suivantes au Comité Exécutif de l'Association des Infirmières Canadiennes:

Que, considérant la possibilité de formation d'une commission parlementaire sur l'Assurance-Santé dans un avenir rapproché, ce comité recommande qu'un mémoire soit immédiatement préparé par l'Association des Infirmières Canadiennes sur la place du nursing dans l'Assurance-Santé Nationale, pour être présenté aux autorités compétentes.

Comme résultats des délibérations qui ont suivi, il fut suggéré que la préparation du mémoire soit confiée à un groupe formé de représentantes du Comité de l'Education, du Comité des Relations du Travail, du Comité d'Assurance-Santé, et de membres supplémentaires sur recommandation du Comité Exécutif de l'A.I.C.

Le Comité d'Assurance-Santé recommande que les sept points ci-haut présentés servent de base dans la préparation du mémoire que l'on se propose de soumettre au comité parlementaire.

Etant donné que le comité n'avait pris aucune initiative au sujet de la recommandation contenue dans ce rapport, l'on présume qu'un rapport supplémentaire sera présenté à l'assemblée générale de l'A.I.C. qui aura lieu en juin 1952.

ESTHER ROBERTSON
Convocatrice

Comité des Prêts et Bourses d'Etudes

Les prêts accordés au cours des deux dernières années furent au nombre de sept. Les bénéficiaires comptent des membres de la province d'Alberta à la province de Québec et bien que les montants varient de $250 à $500. La majorité des montants prêtés fut de $500.

HELENE LAMONT
Convocatrice

Voici le rapport financier de la période s'étendant du 28 février 1950 au 28 février 1952:

Montant en Banque au 28 février 1950		$6,805.71
RECETTES		
Prêts remboursés	$1,709.01	
Intérêt bancaire	70.31	
		1,779.32
		$8,585.03
DÉBOURSÉS		
Prêts accordés (7)		$3,100.00
Montant en Banque au 28 février 1952		5,485.03
		$8,585.03

Comité des Etudiantes-Infirmières

Au cours de la période biennale 1950-52, comme premiers pas vers la réalisation de l'objectif premier du Comité des Etudiantes-Infirmières, un questionnaire fut préparé dans le but d'obtenir des renseignements sur l'existence d'organisations chez les étudiantes-infirmières au Canada. Après avoir été approuvé par le Comité Exécutif, le questionnaire fut envoyé par le Bureau National aux secrétaires provinciales pour distribution aux directrices de nursing et aux présidentes des conseils d'étudiantes de chaque école d'infirmières. L'introduction se lisait comme suit:

But du questionnaire: Etant donné que les associations d'étudiantes-infirmières commencent nécessairement à se former dans les hôpitaux, le présent questionnaire a pour but l'obtention de renseignements sur l'existence d'associations d'étudiantes-infirmières dans les écoles d'infirmières du Canada. Ainsi renseigné, le Comité des Etudiantes-Infirmières sera plus en mesure d'encourager les mouvements d'association des étudiantes-infirmières (dans les écoles, les localités, sur une base provinciale ou nationale).

Sur les 348 questionnaires distribués, un total de 153 furent retournés par 110 écoles sur un total de 174 écoles d'infirmières au Canada et furent remplis par:

Les directrices d'infirmières	104
Les directrices de l'enseignement	2
Directrices des activités sociales	1
Des institutrices	2
Des hospitalières	1
Des étudiantes	43

Il existe des associations d'étudiantes dans 90 des 110 écoles qui ont répondu et la plupart ont répondu qu'une étudiante au moins assisterait à l'assemblée biennale qui doit avoir lieu à Québec.

Sauf une exception, la réponse des écoles d'infirmières de chaque province fut excellente et dans deux provinces toutes les écoles se sont acquittées de cette tâche. Une compilation sera faite de tous les renseignements supplémentaires fournis avec ce questionnaire et sera présentée dans un rapport avant la fin de la période biennale.

Le comité adressa des suggestions au Comité du Programme de l'assemblée biennale au sujet de la partie du programme qui intéresse les étudiantes-infirmières. Les membres désirent exprimer leurs sincères remerciements à la Rév. Mère Supérieure de l'Hôtel-Dieu de Québec pour la bonté qu'elle a d'ouvrir les portes des magnifiques jardins de l'Hôtel-Dieu au groupe des étudiantes-infirmières.

Le travail du comité fut interrompu pendant plusieurs mois en 1951 à cause de la maladie de Mme Lenora Kelly, la convocatrice. Les qualités de dirigeante de Mme Kelly et son intérêt dans la cause des étudiantes-infirmières sont connus et appréciés de tous et le comité espère qu'elle sera bientôt rétablie.

Pour conclure, le comité désire soumettre les recommandations suivantes:

1. Que le comité continue à diriger ses efforts vers l'organisation de groupements d'étudiantes-infirmières en vue de la formation d'associations provinciales et en définitive d'une association nationale.

2. Que les chapitres des associations d'infirmières enregistrées soient encouragés à inviter leurs groupes locaux d'étudiantes-infirmières à participer activement à au moins une de leurs assemblées chaque année.

3. CONSIDÉRANT, Que l'une des fonctions de ce comité consiste dans l'organisation d'un programme pour les étudiantes-infirmières, lors du congrès biennal; il est

RECOMMANDÉ, Que l'on considère le choix d'une convocatrice résidant dans la province où aura lieu la prochaine assemblée biennale.

MARION E. BOTSFORD
Convocatrice

Projet de Mobilisation des Ressources du Service de Nursing

Ce projet a été préparé par un comité spécialement nommé par l'Exécutif de l'Association des Infirmières Canadiennes pour l'élaboration d'un programme de nursing en cas d'urgence nationale. La sécurité nationale et la défense civile occupent particulièrement l'attention des citoyens du Canada, de nos jours. Dans tout projet visant au maintien des services essentiels, le nursing occupera une place d'importance vitale, nécessitant certaines mesures de contrôle dans la mobilisation et la distribution du personnel de même que dans la multiplication de ses services.

Par la prévoyance et la coordination de l'effort, l'Association des Infirmières Canadiennes espère être en mesure de faire face à toute situation éventuelle d'urgence, en causant le minimum de désorganisation aux services existants. Elle compte aussi pouvoir répondre le plus efficacement possible à toutes les exigences de la population civile ainsi qu'aux besoins des forces armées, par l'exécution d'un programme d'éducation bien ordonné.

A ces fins, un comité spécial fut formé, ayant pour fonction de tracer une ligne de conduite et de formuler un plan d'action, permettant de fournir un service de nursing aussi parfait que possible, advenant l'organisation de la défense totale.

Principes généraux: L'organisation d'un programme de mobilisation des ressources du nursing devrait être faite sur un plan général pour pouvoir répondre aux besoins de l'armée, de la défense et de la population civile; ce plan, toutefois, devra être assez flexible pour permettre le remaniement rapide que pourrait nécessiter un désastre majeur, soit au Canada, soit dans un autre pays auquel l'on pourrait venir en aide.

L'établissement d'un programme d'éducation générale est un des facteurs les plus importants pour assurer une offre suffisante et continue de personnel dans toutes les catégories du service de nursing.

La distribution des ressources du nursing pourra s'effectuer d'une façon économique et avec un minimum de désorganisation si elle est confiée à la profession d'infirmière.

Recommandations: Que des mesures soient prises pour:

1. (a) Déterminer, au moyen de l'inscription, sur une base nationale, de toutes les personnes ayant reçu une formation dans le soin des malades: *i*) infirmières diplômées; *ii*) aides ou auxiliaires—membres pratiquants ou non-pratiquants.

(b) Déterminer les besoins existants en nursing.

(c) Faire l'estimation des besoins en nursing advenant un désastre national ou international.

2. (a) Accélérer le recrutement d'hommes et de femmes pour répondre aux besoins en nursing.

(b) Coordonner les efforts locaux et régionaux de recrutement sur un plan national.

3. Que l'on revise les programmes de formation dans le but d'assurer la formation d'un personnel qui contribuerait à apporter à la population entière la protection de la santé et les meilleurs soins possibles.

4. Que l'on étudie la question de centrali-

sation des programmes de formation afin d'assurer l'utilisation la plus économique des facilités et du personnel de nursing.

5. Que des infirmières soient choisies, encouragées et aidées à poursuivre des études de perfectionnement afin d'assurer un nombre suffisant de membres qualifiés pour l'enseignement, la surveillance, l'administration, etc.

6. Que des mesures soient prises pour obtenir ou augmenter les subventions nécessaires au développement de tous les programmes approuvés de formation.

7. Que l'on étudie la possibilité d'organiser des cours périodiques de revue pour le bénéfice des infirmières non-pratiquantes.

8. Que l'on s'efforce vigoureusement d'inculquer le sens du travail d'équipe en nursing afin d'assurer l'utilisation sûre et économique des ressources du nursing.

9. Que les infirmières retirées de la pratique civile pour le service militaire soient, autant que possible, assignées à des positions pour lesquelles elles ont été préparées.

10. Que des comités régionaux d'infirmières soient organisés, au besoin, avec l'autorité gouvernementale, pour avis, lorsqu'il s'agira de nommer des infirmières au service militaire et, advenant la mobilisation totale, pour organiser la distribution du personnel de nursing sur une base de priorité, afin de répondre aux besoins essentiels de la population civile aussi bien que militaire.

11. Que, dans le cas de mobilisation totale, une large publicité soit faire concernant la nécessité de la bonne entente et de l'entière coopération du public en général, des médecins, des hôpitaux et des autorités d'hygiène publique, dans tout projet de rationnement ou de redistribution des services de nursing.

12. Qu'une considération et des privilèges égaux soient accordés aux infirmières assignées aux emplois civils et militaires concernant les avantages d'emploi, dans l'avenir.

GLADYS J. SHARPE
Convocatrice

Comité Spécial des Aides ou Auxiliaires

Le comité étudia la question des aides ou auxiliaires en vue de déterminer les problèmes concernant la formation, la législation, et l'utilisation des services de cette catégorie de travailleuses.

L'on prépara un rapport, faisant ressortir les divers aspects de ce programme, et des recommandations furent apportées pour être étudiées de nouveau par les associations provinciales d'infirmières.

Après avoir reçu les commentaires faits au sujet de ce rapport par les associations provinciales d'infirmières, le comité se réunit de nouveau avec des représentantes de chaque association et un membre du Comité d'Education. Le rapport fut de nouveau étudié en regard des commentaires apportés et l'on y fit les modifications requises. Le tout fut soumis au Comité Exécutif de l'Association des Infirmières Canadiennes et le rapport sera présenté à l'assemblée générale de 1952 pour approbation.

MARJORIE G. RUSSELL
Convocatrice

Rapport du Comité du Service Privé

Pendant cette période biennale, le travail du Comité du Service Privé s'est accompli surtout par correspondance. Une assemblée du comité fut convoquée pour le 3 mars 1952, mais, comme il n'y eut pas quorum, aucune décision n'y fut prise.

La convocatrice du comité assista, sur invitation, à l'assemblée du Comité Exécutif tenue à Montréal les 14 et 15 février 1952, afin que les recommandations apportées au cours de l'assemblée biennale 1948-50 soient étudiées. En l'occurrence, les recom-

mandations provenaient d'une requête présentée au cours de l'assemblée de Sackville (1946-48) alors que le Comité du Service Privé fut prié de rédiger "Un Guide sur l'Organisation de Registres," sur une base nationale, pour être présenté à l'assemblée biennale de 1950.

Le comité se rendit alors compte que, dans une organisation nationale de ce genre, des ajustements s'imposeraient pour répondre aux besoins provinciaux et locaux des centres dans lesquels un registre d'infirmières ou un bureau de placement doit fonctionner.

Je présenterai donc de nouveau les recommandations apportées et les décisions prises par l'Exécutif à leur sujet:

RECOMMANDATIONS

1. Que le "Guide sur l'Organisation de Registres" sur une base nationale, tel que présenté à cette assemblée, soit accepté par l'Association des Infirmières Canadiennes et qu'une décision soit prise à ce sujet aussitôt que possible.

Décision prise par l'Exécutif: "Que le projet de 'Guide sur l'Organisation de Registres,' tel que rédigé par le Comité du Service Privé, soit mis à la disposition des associations provinciales d'infirmières et soit utilisé selon leurs besoins. Il fut convenu que le Bureau National informerait les associations provinciales de cette décision."

2. Que l'Exécutif de l'A.I.C. étudie le projet de la préparation de formules et registres d'inscription uniformes pour l'usage de tous les bureaux de registres du Canada.

Décision prise par l'Exécutif: "L'utilité de formules et registres d'inscription uniformes fut admise et il fut convenu que ce projet devrait être étudié. La suggestion fut faite que la convocatrice du comité écrive à toutes les personnes chargées de la tenue de registres d'infirmières au Canada pour leur demander si elles seraient en mesure d'accepter des formules et livres uniformes pour la tenue de leurs registres respectifs."

3. Qu'une charte nationale serait recommandable pour les registres. (*Aucune décision ne fut prise par l'Exécutif au sujet de cette recommandation.*)

4. Que tous les registres reçoivent les annuaires des universités.

Décision prise par l'Exécutif: "La recommandation que les annuaires des universités soient adressés à tous les registres fut laissée à la discrétion du Comité du Service Privé. Il fut convenu que le Bureau National fournirait à la convocatrice du comité une liste des registres, ce qui a été fait. Il fut aussi suggéré que lorsque la convocatrice du comité écrira aux directrices de registres, elle les invite à un déjeuner qui pourrait être organisé en leur faveur pendant l'assemblée générale, afin de causer plus longuement sur ces questions."

Dans la mesure où j'ai pu le faire, en ma qualité de convocatrice du Comité du Service Privé, j'ai suivi les instructions du Comité Exécutif et je crois pouvoir affirmer que l'on a posé les bases d'un projet dont l'exécution pourrait se démontrer aussi utile qu'intéressante au cours de la future période biennale.

EVA BRACKENRIDGE
Convocatrice

Comité du Service Institutionnel

Au cours de la période biennale 1950-52, le Comité du Service Institutionnel a continué à se procurer des articles pour publication dans la revue *The Canadian Nurse* ainsi qu'à faire des études sur le travail d'équipe de divers groupes de nursing et sur le statut des infirmières membres du personnel hospitalier.

Le Comité du Service Institutionnel fut prié de se renseigner auprès des hôpitaux de leurs provinces respec-

tives concernant ces projets et de soumettre une analyse de leurs constatations. La méthode du questionnaire fut employée. Le comité national a été autorisé à compléter ces études et à en faire rapport à l'assemblée générale de l'A.I.C. en 1952. Il est proposé qu'un manuel soit préparé, exposant un programme d'orientation au bénéfice des infirmières du personnel hospitalier, qui portera sur l'éducation et sur l'avancement.

Les trois comités nationaux travaillent de concert à l'organisation de séances d'intérêt général qui seront tenues au cours de l'assemblée biennale, en s'inspirant du thème général suivant: "Pour Mieux Servir — Aujourd'hui et Demain"; "For Better Service — Today and Tomorrow."

MARY E. MACFARLAND
Convocatrice

Comité d'Hygiène Publique

Au cours de l'assemblée biennale du Comité d'Hygiène Publique tenue à Vancouver en juin 1950, il fut recommandé que le nouveau comité s'efforce de stimuler l'intérêt des infirmières dans le Rapport du Comité d'Etude de la Pratique de l'Hygiène Publique au Canada, que vient de publier l'Association de Santé Publique du Canada.

Le comité accepta donc comme premier devoir, celui de mettre à exécution cette recommandation. Des lettres furent adressées aux convocatrices des comités d'hygiène publique des associations provinciales d'infirmières enregistrées, suggérant que le Rapport soit étudié au point de vue provincial et sous son aspect local. On fit de la publicité autour de ce Rapport et le comité aida à en faire la distribution parmi les infirmières du Canada. Une série d'articles fut publiée dans la page consacrée à l'Hygiène Publique de la revue *The Canadian Nurse*, ayant pour but d'intéresser les infirmières dans ce rapport ainsi que d'en faire ressortir les principaux aspects.

Afin de se renseigner sur les progrès accomplis en hygiène publique depuis que cette étude avait été faite (1950-52) le comité distribua récemment un questionnaire aux convocatrices des comités provinciaux d'hygiène publique, les priant de les faire remplir par les infirmières employées dans les divers services d'hygiène publique de chaque province. L'on espère obtenir suffisamment de renseignements pour pouvoir en publier sous peu un résumé dans la revue *The Canadian Nurse*.

En décembre 1951, l'Association des Infirmières Canadiennes fut priée d'envoyer une représentante à Ottawa, pour assister à l'assemblée d'un comité d'organisation en vue d'un projet de Conférence Canadienne sur l'Enfant. L'association transmit cette invitation au Comité d'Hygiène Publique et nous eûmes l'avantage d'avoir comme représentante, Mlle Pearl Stiver, directrice du service de nursing en hygiène publique du Département de la Santé, Ottawa. L'on prépara, en vue de cette conférence, un mémoire dans lequel on souligna quelques-unes des appréhensions exprimées par des infirmières concernant certains besoins de l'enfance auxquels on n'a pas apporté de solution. Comme résultat de l'active participation de Mlle Stiver à ce comité d'organisation, l'Association des Infirmières Canadiennes fut invitée à faire partie d'une Commission Conjointe d'Etude des Besoins de l'Enfant que l'on se propose d'établir au Canada.

Les fonctions du Comité d'Hygiène Publique (telles qu'exposées dans le Manuel de l'Association des Infirmières Canadiennes) sont les suivantes:

(a) Etablir et entretenir des relations

sympathiques et constructives entre toutes les infirmières du service d'hygiène publique.

(b) Tenir l'association renseignée sur les progrès de l'hygiène publique.

(c) Promouvoir la cause de l'hygiène publique en général en favorisant le maintien d'un service de haute qualité.

(d) Favoriser le standard élevé du service par le moyen d'études de perfectionnement.

Le comité a éprouvé quelque difficulté à mettre ces projets à exécution. Certains facteurs comme la distribution sur un vaste territoire des membres du comité et la libre association des comités national et provinciaux ne sont pas sans poser de problèmes. Le comité constate qu'il y a tendance à l'unification des groupes dans la profession du nursing. Les intérêts et les problèmes du nursing sont communs à tous les groupes d'infirmières; de plus grands progrès pourraient être réalisés si l'on travaillait en collaboration plus étroite à l'établissement de relations constructives, au maintien de standards élevés et au perfectionnement de l'éducation en nursing. Le comité anticipe avec intérêt la publication du rapport sur l'Etude de la Structure de l'association. L'on espère que les questions se rapportant aux divers comités de notre association seront étudiées comme il se doit et que des recommandations seront apportées et pourront servir de directives dans les projets futurs.

HELEN M. CARPENTER
Convocatrice

Rapport du Comité de l'Education

Voici le résumé des questions que le Comité de l'Education a étudiées au cours de la période biennale 1950-52.

I. *Les fonctions d'une Secrétaire de l'Education:*

Le rapport biennal, présenté par Mlle A. J. Macleod en 1950, réitérait une recommandation faite antérieurement "qu'une Secrétaire de l'Education devrait être nommée et faire partie du personnel du Bureau National, particulièrement en vue de la préparation d'un programme national d'évaluation qui s'impose."

Dans l'espoir et l'expectative que cette nomination serait faite au début de la présente période biennale, le nouveau comité fut prié d'étudier les fonctions éventuelles de la personne qui serait désignée à ce poste. On fit un exposé des grandes lignes de ces fonctions qui fut par la suite présenté aux membres du Comité Exécutif et approuvé par eux comme "pouvant servir de guide." Bien qu'aucune nomination n'ait été faite jusqu'ici, l'exposé dans ce rapport des fonctions recommandées servira à expliquer pourquoi aucune mesure n'a été prise depuis la dernière assemblée biennale concernant certaines questions importantes.

Le Comité de l'Education recommanda que la Secrétaire de l'Education:

1. Agisse comme secrétaire-exécutive auprès du Comité de l'Education.

2. Trace un plan pour l'élaboration d'un programme d'évaluation, comme premier pas vers l'accréditation des programmes d'enseignement en nursing au Canada.

3. Trace un plan d'étude de la méthode de formation des infirmières professionnelles telle qu'actuellement pratiquée à l'Ecole Métropolitaine de Nursing (Metropolitan School of Nursing), en vue d'une évaluation.

4. Fasse une revue du "Programme d'Etudes à l'Usage des Ecoles d'Infirmières du Canada" à la lumière des tendances modernes et des pratiques courantes de l'éducation en nursing, afin de s'enquérir sur l'opportunité d'une révision ou d'une nouvelle édition de ce programme.

5. Fasse les études et exécute les pro-

jets en matière d'éducation en nursing recommandés par le Comité de l'Education et approuvés par le Comité Exécutif.

Référant au paragraphe 3, des renseignements au sujet de l'évaluation du programme de l'Ecole de Démonstration seront inclus dans le rapport du Comité d'Administration de l'Ecole de Démonstration.

Au sujet du paragraphe 4, mentionnons que des lettres reçues de diverses provinces ont démontré que l'on procède un peu partout à la revision des programmes d'études, sur des bases provinciales et locales. Rien n'a été fait au point de vue national. Il est toutefois naturel de présumer que l'école de démonstration pourrait exercer une influence sur le programme fondamental d'enseignement en nursing. Nous en avons d'ailleurs déjà eu des preuves.

II. *Formation et enregistrement des aides ou auxiliaires:*

Bien que ce sujet ait été l'objet d'une étude sérieuse de la part d'un sous-comité et du Comité de l'Education, il a semblé jusqu'ici très difficile de réaliser des progrès dans ce domaine. Pour cette raison et à cause de la nécessité urgente d'en arriver à quelque chose, le Comité de l'Education a recommandé au Comité Exécutif "qu'un comité spécial soit formé pour entreprendre une étude de la situation présente et formuler un plan d'action pour l'étude de la question des aides ou auxiliaires en nursing; et que le personnel de ce comité se réunisse aux frais de l'A.I.C." Cette recommandation fut approuvée et mise à exécution. Par la suite, le Comité de l'Education (ainsi que d'autres groupes) a pu, après étude, apporter des suggestions en vue de la revision du Rapport du Comité Spécial pour l'Etude de la Question des Aides ou Auxiliaires en Nursing.

III. *Directives données par l'Association des Infirmières Canadiennes concernant l'éducation:*

Une compilation des résolutions adoptées aux assemblées générales ainsi que par le Comité Exécutif de l'A.I.C. fut référée au Comité de l'Education "pour étude et recommandations." Ce matériel fut examiné avec soin et l'étude en révéla de l'inconsistance et des contradictions. Le comité crut alors que la façon d'agir la plus pratique serait de réunir en un rapport les opinions émises et les directives apportées au sujet de l'éducation en nursing. Ce travail fut préparé sous le titre *Directives de l'A.I.C. sur l'Education en Nursing* et fut soumis au Comité Exécutif qui le référa, à son tour, aux associations provinciales "pour étude et recommandations." Une assemblée du comité complet fut convoquée pour l'étude des suggestions reçues des provinces, après quoi le travail fut revisé et des copies en furent adressées aux associations provinciales afin qu'elles en fassent part à leurs déléguées, préalablement à l'assemblée biennale.

IV. *Formation d'un groupe non-professionnel d'infirmières en psychiatrie:*

L'une des associations provinciales, dans une lettre adressée à l'A.I.C., suggérait une plus grande uniformité dans les programmes pour la formation d'infirmières psychiatriques non-professionnelles, sollicitant l'assistance de l'A.I.C. en cette matière. Comme résultat, les associations provinciales furent priées d'adresser au Bureau National des renseignements sur le statut actuel et la formation d'infirmières en psychiatrie dans leurs provinces respectives. Ce matériel fut ensuite transmis au Comité de l'Education pour étude. Dans la plupart des cas les renseignements étaient incomplets. Voici, toutefois, les trois conclusions qui semblent découler de cette étude:

1. Dans son ensemble, la question de la formation et du statut de l'infirmière non-professionnelle en psychiatrie est confuse et compliquée.

2. Les infirmières professionnelles, qui font tout en leur pouvoir pour trouver les moyens d'assurer des soins adéquats aux malades dans les hôpitaux pour maladies mentales, ont besoin de l'aide de l'A.I.C. et la réclament.

3. A moins que les infirmières professionnelles ne fassent un plus grand effort pour reconnaître les besoins des hôpitaux

pour malades mentaux, le danger existe réellement que les soins de nursing de cette catégorie de malades soient entièrement assumés par des groupes non-professionnels. En outre de l'effet que pourrait avoir sur les malades pareille éventualité, il deviendrait très difficile pour nous de donner aux étudiantes-infirmières professionnelles la préparation requise pour les former au soin complet des malades.

Conséquemment, le Comité de l'Education recommanda au Comité Exécutif d'étudier la possibilité de former un comité spécial pour l'étude de ce problème, à peu près de la même façon dont on a agi envers le Comité des Aides ou Auxiliaires et, de plus, que si l'on entreprend cette étude, la question soit considérée à la lumière des *Directives de l'A.I.C. sur l'Education en Nursing*. Cette recommandation n'a pas encore été étudiée par le Comité Exécutif.

V. *Attribution au Comité de l'Education des fonctions de l'ancien Comité Canadien de la Fondation Internationale Florence Nightingale*, ce dernier ayant été dissout par le Comité Exécutif à l'assemblée de novembre 1951:

En vue du fait que la période biennale sera bientôt terminée et à la suite d'une lettre reçue de Mlle Daisy Bridges, secrétaire du Conseil International des Infirmières, exprimant le regret que le comité national de la F.I.F.N. semblait avoir perdu son identité, le Comité de l'Education recommande que les fonctions de l'ancien comité canadien de la F.I.F.N. soient assumées par un sous-comité du Comité de l'Education et que les nominations en soient laissées au nouveau Comité de l'Education.

VI. *Demande reçue de l'Association des Infirmières Enregistrées du Nouveau-Brunswick au sujet des conditions d'admission aux écoles d'infirmières:*

Le comité exprima l'avis que cette requête devait être étudiée en regard des directives de l'A.I.C. sur l'éducation en nursing. L'exposé de ces directives, référé au Comité Exécutif et non encore approuvé par ce comité, contient la clause suivante:

> Les conditions d'admission et le programme d'études de base devraient pouvoir assurer à l'infirmière l'éligibilité aux études universitaires de perfectionnement.

VII. *Lettre recue de l'Association des Infirmières Enregistrées de l'Alberta dans laquelle on demande avis au sujet de la modification de la Loi d'Enregistrement:*

Cette association a été avisée de confiner sa Loi aux intérêts des infirmières diplômées parce que "les qualifications des étudiantes-infirmières seront régies par une Loi devant être établie par le Ministère de la Santé."

Cette question est aussi traitée dans les *Directives de l'A.I.C. sur l'Education en Nursing, Par. 4, Article (a)*, où il est stipulé:

> Que l'établissement des normes pour l'éducation et la pratique soit positivement la responsabilité des groupes professionnels.

VIII. En réponse à la *résolution suivante référée à la suite de l'assemblée biennale de 1950:*

> CONSIDÉRANT, Que le Comité d'Hygiène Publique de l'Association des Infirmières Canadiennes appuie la recommandation du Comité d'Etude de la Pratique de l'Hygiène Publique au Canada "qu'une étude soit faite des méthodes de préparation des infirmières afin qu'elles soient mieux qualifiées pour leurs fonctions dans les services d'hygiène publique"; il est
>
> *Recommandé*, Que cette question soit référée au Comité de l'Education de l'Association des Infirmières Canadiennes ainsi qu'au Conseil des Ecoles Universitaires et Services de Nursing.

Le Comité de l'Education recommande "qu'une lettre soit adressée par le Bureau National aux écoles d'infirmières et aux associations provinciales les priant de porter à la connaissance des infirmières, au moyen de bulletins de nouvelles ou autre forme de publicité, l'existence du rapport et de les inciter à l'étudier; puis que ce rapport soit aussi porté à la connaissance de tous les groupes intéressées dans la révision du programme d'études."

IX. *Evolution de l'Ecole de Démonstration:*

La convocatrice du Comité de l'Education, étant membre du Comité d'Administration de l'Ecole de Démonstration ainsi que du Comité Conjoint d'Evaluation, les dignitaires du Comité de l'Education ont été tenus au courant des progrès accomplis par l'école de démonstration. Ces questions feront l'objet d'un rapport spécial.

En terminant ce rapport, les membres du comité insistent de nouveau sur la nécessité d'obtenir les services d'une Secrétaire de l'Education, à temps complet. Le travail qui doit être accompli par l'A.I.C. dans le domaine de l'éducation en nursing ne peut être exécuté par des personnes dont les nombreuses occupations et responsabilités, en dehors de ce comité, ne leur laissent que très peu de temps libre à consacrer aux affaires de L'A.I.C. H. EVELYN MALLORY

Convocatrice

Directives sur l'Education en Nursing Proposées par l'A.I.C.

L'Association des Infirmières Canadiennes reconnaît que: 1) La pratique de la profession d'infirmière est, de nos jours, beaucoup plus complexe et plus variée qu'elle ne l'était lors de l'établissement des premières écoles d'infirmières dans les hôpitaux; 2) le but essentiel de l'hôpital est de servir la société par le soin de ses malades; 3) l'école d'infirmières a un but éducatif et son rôle est de former des infirmières compétentes pour le soin des malades. Les directives formulées dans ce rapport sont basées sur ces considérations ainsi que sur les facteurs suivants:

(a) Le public attend de l'infirmière des soins compétents (soins mentaux aussi bien que soins physiques et soins qui ont pour objet de prévenir la maladie aussi bien que ceux qui visent à la guérir) à l'hôpital, à domicile, à l'école, dans l'industrie ainsi qu'à toute autre catégorie d'individus.

(b) L'infirmière attend et est en droit de recevoir une formation qui lui permette d'exercer efficacement sa profession non seulement dans sa propre province mais également dans d'autres provinces du Canada; de plus, autant que possible, l'on devrait tenir compte, dans la formation de base de l'infirmière, des exigences des autres pays concernant l'exercice de la profession d'infirmière.

Conséquemment, l'Association des Infirmières Canadiennes est d'avis que:

1. La formation de l'infirmière doit reposer sur l'éducation et que le moyen par lequel on pourrait le mieux réaliser cet objectif serait l'école indépendante qui organiserait et dirigerait la formation complète de l'élève.

Dans le cas des écoles dirigées par des hôpitaux (situation qui, nous le croyons, prévaudra encore assez longtemps):

(a) Les intérêts de l'école devraient être protégés par un comité consultatif agissant auprès du conseil d'administration de l'école. La majorité des membres de ce comité devraient être des personnes compétentes dans les domaines de l'éducation générale et de l'enseignement du nursing.

(b) L'école devrait être administrée d'après son propre budget, lequel établirait clairement toutes les sources de revenus et les dépenses estimées. En préparant le budget de l'école, l'on devrait faire une évaluation équitable des services rendus à l'hôpital par les étudiantes, pendant leur formation, de même que des services (surveillance, entretien, etc.) rendus à l'école par l'hôpital, tenant compte toutefois du fait que la surveillance est requise même en l'absence d'un programme d'enseignement.

(c) L'école devrait être libre d'orga-

niser et de régler son programme d'études (théorique et pratique) conformément aux normes établies pour la formation professionnelle.

(d) Les conditions d'admission et le programme d'enseignement professionnel de base devraient assurer à l'élève, une fois diplômée, l'éligibilité aux études universitaires de perfectionnement.

2. Que les subventions du gouvernement à l'éducation en nursing sont une corollaire évidente du *No 1* mais que l'assistance financière aux écoles dirigées par les hôpitaux ne soient pas confondue avec les subsides accordées aux hôpitaux, en tant qu'hôpitaux et qu'elle ne soit accordée aux dites écoles que très judicieusement, à savoir:

(a) Le programme de l'école devrait être sujet à l'approbation et à la surveillance d'un organisme légalement constitué pour l'établissement de normes ou standards provinciaux pour l'accréditation des écoles d'infirmières.

(b) Le conseil d'administration de l'école devrait fournir un compte exact du coût de l'école.

(c) Il ne devrait pas y avoir de distinction de race ou de croyances.

(d) Des dispositions devraient être prévues pour le retrait de l'aide financière si l'école néglige de maintenir un standard satisfaisant.

3. Chaque école d'infirmières devrait conclure une entente par écrit avec toutes les institutions qui fournissent à ses élèves un champ d'application. L'entente devrait stipuler clairement les responsabilités et les prérogatives de chacune des parties contractantes; cette entente pourrait être revisée chaque année par chacune des deux parties et des modifications pourraient y être apportées si nécessaire. Toute rémunération accordée aux dites institutions devrait être basée sur l'établissement de la preuve que les services éducatifs offerts aux élèves dépassent en valeur les bénéfices que peut en retirer l'institution.

4. Que le vaste champ d'activités du nursing requiert les services de diverses catégories d'infirmières et nécessite, du fait, une préparation différente selon le cas, mais:

(a) Les standards de l'enseignement théorique et pratique soient, en définitive, la responsabilité du groupe professionnel.

(b) Toutes les écoles et tous les programmes de formation soient approuvés par un organisme approprié, provincial ou national, autorisé.

(c) La préparation de base de l'infirmière professionnelle ainsi que de l'aide-infirmière soit générale plutôt que spécialisée et que les écoles spécialisées soient dissuadées de donner un cours de base en nursing.

[*Remarque:* Cela voudrait dire que l'aide-infirmière devrait recevoir une formation générale et que dans le cas où ses fonctions requéreraient une formation spécialisée (psychiatrie, tuberculose) les programmes d'orientation et la formation "sur place" pourraient lui acquérir l'expérience nécessaire; et que les facilités dont disposent les hôpitaux spécialisés soient utilisés (*i*) pour compléter la formation de base donnée par l'enseignement général et (*ii*) comme champs d'application de l'enseignement ayant trait à la spécialisation de l'infirmière diplômée.]

(d) Les cours pour infirmières diplômées soient intensifiés et dirigés par les universités plutôt que par les hôpitaux. Les hôpitaux riches en ressources cliniques, appropriées aux programmes d'enseignement pour infirmières diplômées, devraient apporter leur concours en mettant ces ressources à la disposition des universités mais la responsabilité du programme éducatif devrait demeurer entièrement celle de l'université.

5. Que le programme d'enseignement pour la préparation de toute catégorie d'infirmières devrait:

(a) Etablir clairement: (*i*) les objectifs éducatifs du curriculum; (*ii*) la catégorie d'étudiantes à laquelle il s'adresse (ex.: aide-infirmière, formation professionnelle de base, infirmière diplômée); (*iii*) les fonctions, en relation avec les besoins de la société, que la diplômée de l'école sera appelée à remplir; (*iv*) l'expérience pratique organisée au moyen de laquelle l'élève pourra se familiariser avec le genre de responsabilités qu'elle devra assumer.

(b) Tenir compte des besoins et du bien-être des étudiantes en tant qu'individus et membres de la société au milieu de laquelle elles vivent, aussi bien que

des besoins et du bien-être de la société qu'elles se préparent à servir.

(c) Etre un curriculum évolutif, développé, exécuté et périodiquement revisé par tous les membres du personnel qui ont quelque responsabilité dans la formation des élèves, soit par l'enseignement, la surveillance, l'administration ou la pratique générale du soin des malades.

6. Que toutes les personnes chargées directement ou indirectement de la formation des élèves possèdent les qualités personnelles ou professionnelles requises pour s'acquitter dignement de leurs responsabilités respectives. Sous ce rapport, la compétence des personnes appelées à diriger et à surveiller les élèves dans l'enseignement clinique est particulièrement importante bien que ces personnes ne soient peut-être pas considérées comme membres du corps enseignant et n'assument pas de responsabilités formelles d'enseignement.

H. EVELYN MALLORY
Convocatrice

Rapport du Comité des Soins Infirmiers

Directives de l'A.I.C.: Une liste fut faite des résolutions adoptées aux assemblées générales de l'association au cours des dix dernières années et fut distribuée aux membres du Comité Exécutif y compris les représentantes provinciales, le 16 février 1952.

Recherche: Les grandes lignes du programme de recherche de l'A.I.C. furent soumises au Comité Exécutif le 4 novembre 1951, et furent approuvées. Comme partie de ce programme, les travaux suivants de recherche ont été exécutés pendant la dernière période biennale:

(a) Une étude de la Structure de l'Association des Infirmières Canadiennes.

(b) Une analyse des fonctions de l'infirmière-chef, constituant la première partie d'une analyse des fonctions en nursing.

(c) Une évaluation de l'Ecole de Démonstration de Windsor.

Des rapports sur ces trois études seront présentées au cours de l'assemblée biennale.

Recommandations:

1. Que l'analyse des fonctions en nursing soit poursuivie.

2. Que les rapports sur les recherches entreprises soient publiés en un format uniforme qui les fasse clairement reconnaître comme rapports de l'A.I.C.

NETTIE D. FIDLER
Convocatrice

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Résolutions Adoptées aux Assemblées Générales de l'Association des Infirmières Canadiennes

ASSURANCE-SANTÉ

ATTENDU, Que le service d'infirmières est essentiel à tout programme d'assurance santé et qu'il est essentiel que ce service soit organisé et administré de façon à répondre aux besoins de toute la population du Canada; et

ATTENDU, Qu'il est essentiel que tous les groupes participant à un service coordonné prennent aussi part à son plan d'organisation; qu'il soit

Résolu, Que des dispositions soient prises pour que ce service soit confié à des groupes d'infirmières enregistrées pour assurer la mise en oeuvre de toutes les ressources du nursing et, de plus, que tous les comités s'occupant des questions qui intéressent le nursing ou les infirmières comprennent parmi leurs membres des infirmières compétentes y représentant les associations nationale et provinciales d'infirmières enregistrées qui en auront approuvé le choix.

(29 juin 1944)

ATTENDU, Qu'il est reconnu que certaines fonctions ne devraient être confiées qu'à des infirmières ayant reçu une préparation spéciale et acquis l'expérience nécessaire pour les assumer; qu'il soit

Résolu, Que les nominations d'infirmières, dans un programme d'assurance-santé, soient basées sur les normes approuvées par l'organi-

sation nationale d'infirmières enregistrées, pour l'établissement des qualifications.

(29 juin 1944)

(*N.B.*: Il faut établir des normes et définir les qualifications si l'on veut que cette résolution serve de ligne de conduite.)

ATTENDU, Que les programmes des écoles d'infirmières devront subir des modifications pour préparer l'infirmière aux multiples fonctions que pourra comporter le programme d'assurance-santé; qu'il soit

Résolu, Que des subventions régulières soient accordées aux écoles approuvées d'infirmières ainsi qu'aux services de nursing dans les hôpitaux et les universités, pour fins éducatives.

ATTENDU, Que les conditions de vie et de travail affectent sérieusement la santé et le moral du travailleur; qu'il soit

Résolu, Que dans tout programme d'assurance-santé, l'on prévoit la subvention des services de nursing pour assurer le maintien de ces facteurs essentiels à un niveau satisfaisant; que, de plus, on accorde une attention spéciale aux régions rurales et aux petits hôpitaux où les conditions de vie et d'emploi sont souvent moins favorables.

(29 juin 1944)

ATTENDU, Que les conditions favorables de travail comprennent un traitement, des heures de travail, et des vacances raisonnables ainsi qu'un programme de santé bien ordonné; qu'il soit

Résolu, Qu'une Loi d'Assurance-Santé pourvoit à l'établissement de standards minimums pour assurer le maintien de ces conditions, répondant ainsi aux standards établis par les organisations d'infirmières enregistrées.

(29 juin 1944)

ATTENDU, Qu'il est reconnu que pour assurer un service satisfaisant, les professions doivent exercer certains contrôles; qu'il soit

Résolu, Que les normes relatives à l'enseignement, la déontologie et la direction dans la profession d'infirmières soient contrôlées par des organisations d'infirmières enregistrées.

(29 juin 1944)

RELATIONS DU TRAVAIL

Qu'il soit résolu, Que l'Association des Infirmières Canadiennes réaffirme sa politique d'appuyer le principe voulant que le choix des candidates aux écoles d'infirmières se fasse sans distinction de race.

(24 juin 1944)

(Le Comité des Relations du Travail suggère que cette résolution soit modifiée en y ajoutant ce qui suit: "Que, par la suite, l'emploi d'infirmières se fasse sans distinction de race.")

(Le comité suggère aussi que la résolution suivante du Comité Exécutif, adoptée en juin 1946, soit adoptée comme politique: "Que le présent Comité Exécutif de l'Association des Infirmières Canadiennes se déclare en faveur du principe du même traitement pour le même travail.")

EDUCATION EN NURSING

Subvention de la part des gouvernements:

(a) L'Association des Infirmières Canadiennes se rend compte que le besoin de former un nombre beaucoup plus élevé d'infirmières ne peut être laissé entièrement à la responsabilité des hôpitaux. Considérant que les facilités éducatives actuelles ne pourraient suffire à la formation en nombres suffisants d'infirmières compétentes, il fut convenu que des efforts soient faits pour obtenir l'aide du gouvernement en faveur des écoles d'infirmières.

(Confirmé par des Membres de l'Association, novembre 1949.)

(b) Comme on ne connaît pas précisément le coût de fonctionnement des écoles d'infirmières et vu que la première mesure qui s'impose avant de faire toute demande d'assistance financière est de rechercher ce que coûte l'éducation des élèves-infirmières, l'Association des Infirmières Canadiennes a convenu à l'unanimité,

De conseiller aux associations provinciales de consulter leurs Ministres respectifs de Santé sur les meilleurs moyens de solutionner la question de séparer le budget de l'école d'infirmières de celui de l'hôpital et d'insister pour qu'une partie des subventions fédérales soit attribuée au maintien des écoles d'infirmières; et, de plus

QUE les écoles soumettent des projets dont l'exécution pourrait nécessiter l'assistance d'une subvention fédérale sollicitée par l'entremise de leur Ministère de la Santé. Lorsque le temps sera jugé opportun, l'A.I.C. devrait demander de nouveau au Gouvernement Fédéral d'étudier la possibilité d'accorder des subventions directes à l'éducation en nursing. Dans cet appel, l'A.I.C. devrait solliciter l'appui du Conseil Canadien des Hôpitaux ainsi que de l'Association Médicale Canadienne.

(30 juin 1950)

Analyse du coût de l'école d'infirmières:

QUE les écoles attachées aux hôpitaux soient encouragées à prendre les mesures nécessaires pour séparer le budget de l'école de celui de l'hôpital.

(30 juin 1950, juin 1932, et juin 1934)

Ecoles d'infirmières indépendantes:

L'Association des Infirmières Canadiennes sait que le but ultime de l'hôpital est de servir la société par le soin de ses malades et le but de l'école d'infirmières est de former des infirmières pour donner ces soins:

PAR CONSÉQUENT, L'Association des Infirmières Canadiennes se déclare convaincue que la formation des infirmières devrait être une entreprise éducative que l'école indépendante serait le mieux en mesure d'exécuter, en dirigeant la formation complète de l'infirmière.

Evaluation et accréditation des écoles d'infirmières:

(a) L'A.I.C. autorisa le Comité Exécutif à préparer un plan d'accréditation si cela est possible et quand cela sera possible.

(4 juillet 1946)

(b) L'A.I.C. approuva l'élaboration d'un programme fondamental d'évaluation des écoles d'infirmières qui pourra conduire éventuellement à l'accréditation.

(27 juin 1950)

Instruction requise pour admission à l'école d'infirmières:

L'A.I.C. reconnait que les exigences en matière d'instruction pour l'admission aux écoles d'infirmières varient avec les différentes provinces et écoles d'infirmières du Canada et, considérant le fait que beaucoup d'infirmières désirent parfaire leur cours par des études de perfectionnement dans les universités et que les exigences de certaines écoles d'infirmières ne répondent pas aux exigences de l'immatriculation universitaire, l'association a recommandé aux directrices d'infirmières que les exigences scolaires d'admission aux écoles d'infirmières ne soient pas inférieures à celles de l'immatriculation universitaire et que l'évaluation de l'instruction des candidates soit faite par un organisme autorisé en la matière.

(4 juillet 1946)

SOINS INFIRMIERS

QU'UNE analyse des fonctions en nursing soit faite. (juillet 1946)

QUE l'on continue les efforts pour obtenir l'enregistrement des aides ou auxiliaires.

(juillet 1946)

CONSIDÉRATIONS GÉNÉRALES

Division du Nursing, Ministère de la Santé Nationale et du Bien-Etre:

L'Association des Infirmières Canadiennes représente un organisme de plus de 25,000 femmes professionnelles dont les services ont une importance vitale pour la population du Canada. Présumant que le programme de santé du Gouvernement Fédéral va constituer de nouvelles responsabilités pour la profession d'infirmières au Canada, l'A.I.C. désire exprimer sa conviction que l'organisation professionnelle d'infirmières, et nul autre groupe, devrait être reconnue comme le porte-parole de la profession d'infirmières et comme conseil dans les questions qui relèvent du nursing.

L'Association des Infirmières Canadiennes pria son Comité Exécutif de former une délégation pour se rendre auprès du Ministre de la Santé Nationale et du Bien-Etre, le plus tôt possible, pour solliciter de nouveau l'établissement d'une Division du Nursing au sein du Ministère de la Santé Nationale et du Bien-Etre, dont la direction serait confiée à une infirmière dûment qualifiée.

(28 juin 1948)

Etudes sur les questions de nursing:

L'A.I.C. a approuvé le projet de l'établissement d'une "chambre de compensation" ou bureau auquel l'on communiquerait tous les projets d'études au Bureau National de l'A.I.C. et qui serait à la disposition de toutes les sections et comités de l'association, des organisations provinciales et groupes connexes, et recommande que tous les projets d'études soient communiqués à ce bureau qui, de son côté, en informera les associations provinciales.

(26 juin 1942)

Pasteurisation du lait:

L'Association des Infirmières Canadiennes s'est déclarée en faveur de la pasteurisation obligatoire du lait vendu pour la consommation humaine, engageant fortement les gouvernements de toutes les provinces à adopter une loi à cet effet.

(3 juillet 1946)

Procrastination—The art of keeping up with the day before yesterday.

Colostomy

Indications, Technique, and Management

J. D. McInnes, M.D., F.I.C.S.

A COLOSTOMY as here defined is a procedure designed to divert the fecal stream to the outside of the body by the formation of an artificial opening into the colon. It may be intended for temporary or permanent use.

Indications

Colostomy continues to be the price many must pay to survive and it is our duty to see that people with colostomies remain happy and useful citizens.

It may be performed as an emergency measure following trauma or mechanical obstruction of the distal bowel or as an elective procedure preliminary to or coincident with operations on the distal colon, sigmoid, or rectum. The following circumstances, usually in association with carcinoma, may result in or indicate the performance of a colostomy:

Resection of the rectum; obstruction in any segment of the distal colon or rectum to the point where preliminary surgical decompression is necessary; following colon resection, of the modified Mikulicz type, planned so that colonic continuity may subsequently be re-established; and as a complementary elective procedure planned to divert the fecal stream to protect a distal suture line.

Non-malignant conditions which may necessitate some type of colostomy include the following:

Diverticulitis; regional or segmental colitis; injury to the colon or its blood supply; lymphogranuloma venereum; endometriosis; pelvic granulomatous fibroplastic conditions; and intravisceral colonic fistula (e.g., vaginocolic).

Dr. McInnes is chief of the surgical services, St. Joseph's Hospital, Sudbury, Ont.

Types

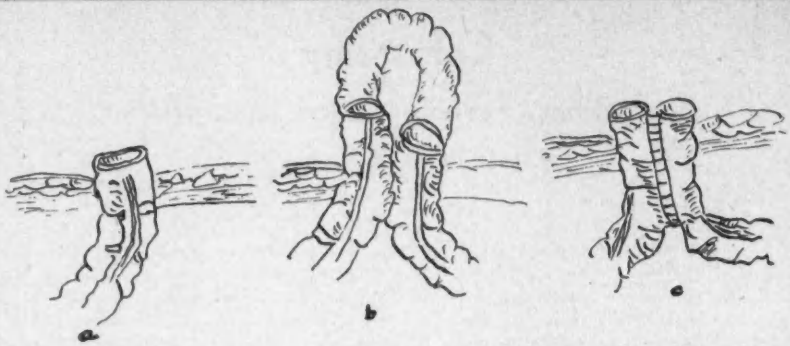
There are numerous types of colostomy, many of them bearing the names of the authors, others such as appendicostomy and cecostomy bearing the name of the particular part of the bowel used. Appendicostomy, where a tube is placed through the lumen of the appendix and cecostomy, where a decompressing tube is placed into the cecum, have their supporters but many feel that these two forms of colostomy do not adequately defunction the bowel. Nevertheless, in the acutely obstructed distended bowel with their simplicity and relative atraumatism, they have saved many lives. Therefore in specially selected and acutely ill patients these two procedures may at times be highly beneficial and often life saving. For the purpose of our discussion here we will elaborate on the three most commonly used types of colostomy. These are (a) end or single-barrel colostomy; (b) double-barrel colostomy; (c) loop colostomy.

End Colostomy

Single-barrel colostomies are usually performed on the left side or in the mid-line, bringing the lower end of the descending colon or the sigmoid colon out as the artificial anus. This type of colostomy implies that some type of resection of the distal large bowel has been performed and it is, therefore, permanent. The most common resection resulting in an end colostomy is the Miles resection of the rectum for cancer. The proximal end of the colon can be brought out of the primary wound which is usually either a left lower rectus incision, a mid-line incision, or through a separate muscle-splitting incision.

Double-Barrel Colostomy

Double-barrel colostomy can be



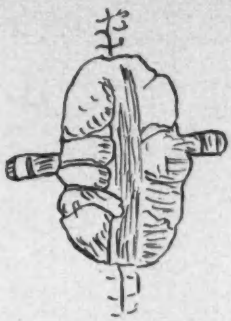
(*a*) *End or single-barrel colostomy.* (*b*) *Loop colostomy.*
(*c*) *Double-barrel colostomy.*

performed in any segment of the colon, either right or left side. It is a temporary outlet and is always planned for a subsequent closure. This type of colostomy is most useful where a resection has been done at the site of the intended colostomy or at some distal point with immediate anastomosis. Its advantage is that it subsequently affords a more certain closure. Double-barrel colostomy is most useful when a colonic resection has been accomplished but when, for one reason or another, it is not deemed advisable to accomplish a primary anastomosis. It may also be performed preliminary to, or coincidental with resection and anastomosis of the more distally situated colon. A large v-shaped section of mesentery is removed in cases of carcinoma and the two ends of the resected bowel are sutured together by approximating corresponding longitudinal bands of the colon so as to form a septal spur. The bowel is joined together for a distance of at least 10 cm. and the dual limb is then brought out on to the abdomen. Usually if there is no obstruction present the clamps are left on the bowel for at least 24 hours until the wound has been sealed off around the intestine so that fecal contamination of the wound cannot occur. At the end of approximately the first week the septal spur between the loops of the double-barrel colostomy can be crushed to establish bowel continuity. When resection and anastomosis of a distally situated tumor are coincidentally accomplished, or when this is subsequently intended, the spur is allowed to remain until restoration of the continuity of the fecal stream is desired. Special clamps or Kelly forceps are applied to the septal spur and closed. Usually in three to five days the tissue will slough and the clamps can easily be removed, thus allowing continuity of the fecal stream in the bowel.

Loop Colostomy

This type of colostomy is generally performed for the relief of obstruction in the descending colon, sigmoid, or rectum. Loop colostomy is usually performed on the transverse or sigmoid colon and may be intended for permanent or temporary use. In the face of intestinal obstruction the loop type of colostomy takes precedence over the double-barrel colostomy as it is the least traumatic, consumes less time, and is the least disturbing to the patient. The simplest, least traumatic type of procedure which will relieve obstruction is always preferable. It is a well proved dictum of colon surgery that resection should never be carried out in the face of obstruction.

This procedure may, at times, be utilized in the treatment of non-malignant conditions such as diverticulitis, lymphogranuloma, ulcerative colitis, traumatic lesions, etc. The desired loop of bowel is brought out into the wound and a glass rod resting on the abdominal wall prevents the bowel from receding into the abdomen. No attempt is made to



Closure of wound with rubber-dipped glass rod holding the loop in position.

suture the bowel to the wound edges—the remainder of the wound is closed. If obstruction is not present the loop of bowel is opened in a transverse direction in 24 hours and the stomata allowed to function. The loop is divided in 7-10 days depending on the rate of healing. The bowel is severed at the junction of the middle and distal thirds of the loop of protruding bowel. The proximal end usually protrudes 2.5-3 centimetres above the skin and the distal end 1.5 centimetres. After shrinkage the distal and non-functioning end will be at skin level.

Preoperative Management

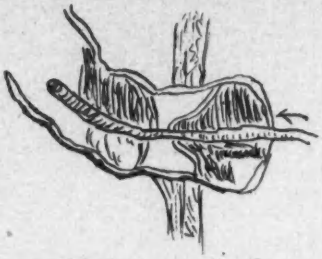
This will vary with the indication for the operation. In the presence of complete obstruction, a defunctioning Levin tube should be inserted and gastric suction applied. The electrolytic and protein balance must be maintained parenterally. A scout film of the abdomen should be taken. Barium should never be given by mouth if intestinal obstruction is suspected. A barium enema is usually indicated as it will locate the point of colonic obstruction and guide the surgeon in selecting the proper site for the colostomy with a view to future definitive operative procedures as well as immediate relief of obstruction. At times, if active peristalsis is still present, a Miller-Abbott tube can be passed. If it enters the small bowel, operation may occasionally be postponed. It must also be remembered that if the ileocecal valve is competent, gas and liquid can pass into the colon and be trapped there even if a decompression tube has been passed into the small intestine. We do not believe that more than 12 to 24 hours should be lost with tubal defunctioning and if definite improvement is not evident by that time a suitable colostomy of the simplest and least traumatic type should be done.

In elective colostomies the colon is prepared by saline catharsis and rectal irrigations and, if possible, the nutrition is improved and anemia reduced. Succinylsulfathiazole, sulfathalidine and/or aureomycin is given for several days before operation to reduce the colon bacterial flora.

Management of The Patient

When properly regulated a colostomy need not prevent normal activity or cause embarrassment. Much of the unfavorable reputation that an artificial anus has acquired is due to palliative colostomy. The ulceration and infection in the unremoved tumor with consequent irritation may maintain the bowel in a constant state of upset. In contrast, permanent colostomy, following resection of the distal tumor, may be managed with little effort and marked success after a brief adjustment period.

Training in colostomy care is started in the hospital. The first few irrigations are performed by the attending nurse who explains the procedure to the patient. The patient then handles the irrigation under the guidance of the nurse until he can perform it without aid. Individual variations from the routine must be patiently worked out. Emphasis is placed on making the patient self-sufficient and independent of outside help. Except in the case of very ill patients, where such help is easily available, we have discouraged its use. Too rapid flow or water that is too cool occasionally causes colonic spasm, preventing complete filling and cleaning of the entire colon. The rate of flow can be visualized by placing a Murphy drip in



Cross-section demonstrating the use of a Hygeia nursing nipple to prevent regurgitation of irrigating fluid.

the tubing. The conventional intravenous set and the used liter flask is an excellent substitute for the enema bag or can and is easily obtainable in any hospital. Occasionally regurgitation of irrigating fluid from the colostomy stoma is encountered. A simple method of overcoming this is the use of a nursing nipple, with the end of the nipple cut so that a catheter can be passed snugly through it. The nipple is then inserted into the colostomy stoma and held firmly in place, preventing regurgitation of the enema water. A regular time should be chosen for the enema and plenty of time should be allowed for the expulsion of the water and stool. It is rarely necessary to prescribe constipating diets as patients quickly learn what foods cause them to have loose stools. In general raw vegetables and fresh fruits can be withheld from the diet. During the period of colonic adjustment the patient is given paregoric and bismuth subcarbonate to be used only as necessary. Patients will usually obtain almost perfect control in two to four months.

Most patients will find that an irrigation every other day will prove satisfactory. Occasionally, heavy eaters will require daily irrigations while light eaters may not have to irrigate the colon except every third day. To prevent stricture of the colostomy it is essential that the patient dilate the stoma with the middle finger at least once a week. It is the responsibility of the surgeon and nursing staff to help these patients maintain their confidence and morale.

Instructions for Colostomy Care

Equipment to be used for colostomy care:

1. Hot water bottle with tubing or enema can with tubing but preferably a liter flask (1 quart) with intravenous tubing and Murphy drip.
2. Small glass connecting tip.
3. Male urethral catheter size No. 18F.
4. Hygeia nipple.
5. Jar of vaseline.
6. One large pan or wash basin.

Instructions for colostomy management:

1. Take an irrigation every other morning or evening—a regular time should be chosen.
2. One quart of tap water, warm but not hot to the hand.
3. Hang can so that it is not more than 12-15 inches above the stoma.
4. Lubricate end of catheter with vaseline and insert for 6-8 inches into the colon.
5. When water has all run in remove catheter.
6. Allow at least 30 minutes for water and stool to be expelled.
7. The best results will be obtained if the irrigation is taken lying down but if this is impossible patient may take it sitting up. He may sit up while it is being expelled, catching the stool and water in the wash basin held snugly below the colostomy.
8. Keep the colostomy well opened by gently inserting the well lubricated middle finger of the right hand past the second joint once each week after the irrigation (use rubber finger cots).
9. Avoid all foods which previously produced diarrhea (certain raw fruits, beans, etc.).
10. Take no laxatives.
11. Wear an abdominal support or a band with a square of clean washed linen over the opening, nothing else, (a two-way stretch girdle of appropriate size, with the garters removed, is excellent).
12. Do not wear a colostomy bag.
13. Perfect control should be attained after two to four months.

Faith, hope and charity, these three —and the greatest of these is tact.

Aims of Education

SIR RICHARD LIVINGSTON

I EXPECT THAT many of my readers will have recently seen in an American paper an article on the subject, "What is an Educated Man?" Everyone, no doubt, if asked that question, would have his answer ready, for all of us, whether as pupils or students or parents with children to be educated, are concerned at some time of our lives with education. Presumably we know what we want to get from it. In this paper I shall attempt a brief answer to that question. What is the aim of education? What are we trying to get from it? What ought it to give us?

Its chief aim is to help to make human beings. We come into the world as raw material which may remain raw to the end but which may also be made into a finished article. One of the major aims of life is the production, out of the raw human material, of such finished articles. What is a finished human being? There are three sides to all of us—body, character, and intellect. Each of those three sides is capable of a perfection of its own. A finished human being is one in whom all three reach that perfection of which they are capable—a body strong and healthy, with its powers disciplined and developed; a character also strong and healthy, capable of the great virtues: justice, courage, truth, self-control, and the rest; a mind, also strong and healthy, trained to be a good instrument, for the purposes for which the mind is used. Obviously, in each human being, the capacity of body and mind, if not of character, vary. In each of us all three go some way on the road to perfection. The first object of education is to help body, mind, and character to achieve the perfection within its reach.

The second object is to introduce us to the world into which we are born, in order that we may understand enough of it to live in it intelligently and learn to control it. That world is twofold. There is the material universe, which the sciences deal with and try to explain. So some science should enter into every education. I don't mean necessarily the study of any particular science, valuable as that is. I mean rather a clear idea of the importance of science in the modern world, of its part in our life, of its uses and possibilities. Even more important than the universe is a being that appeared in it some hundreds of thousand years ago—man. If you want to know the adventures of that being in the universe, you can find them in history. If you want to know his thoughts and feelings and dreams and visions, you can study them in literature where he has recorded them. So you must have literature and history in education. Those briefly are the reasons why we study science, literature, and history. Without them we in this world are like people who visit a foreign country without the faintest idea of what that country and its inhabitants are like.

Having suggested an educational meal, which it would take several lifetimes to consume, do full justice to, may I make some suggestions about eating it? First, don't overeat! In education—and in life—success

Sir Richard Livingston is president, Corpus Christi College, Oxford, England.

depends not only on doing a great deal but also on leaving a great deal undone. There are few truer sayings than the Greek proverb, "The half is greater than the whole." Attempting too many things is a danger to our education. The aim of school and university should be to send people out with a real grasp of one or two subjects, an introduction to one or two more, a knowledge of how to learn, how to attack a subject, and the interest and curiosity which will make us eager to learn more. People should go into life like hungry chickens with a greedy appetite and an idea of how to satisfy it, not like well-stuffed poultry, plump but dead. That is my second point: eat, but don't overeat, and above all keep your appetite.

I have not yet mentioned the most important thing, perhaps, which education can give and one which it often fails to give. That is a knowledge of what is first-rate. Shops stock most things in a variety of grades. The world, too, stocks its articles in a variety of grades. There are first, second, third, and lower grades in all the goods in which it deals—art, architecture, music, theology, medicine, engineering, education, literature, science, and the rest, including the most important of all—human character. In music, Beethoven and Bach; in literature, Homer and Shakespeare; in science, Darwin and Pasteur—all are first-grade articles. It would be invidious to mention examples of lower grades. One of the most important things in life is to be able to detect the various grades and to know what is first-rate and what is not; to be able to distinguish between the first-rate and the third-rate in literature and music and thought and architecture and, above all, in human life and character. To teach that is, of all the important tasks of education, the most important—important not only to the pupil in his own life but to the country of which he later, though only a drop in a great sea, will help to create the character and color.

How does one learn what is first-rate? In one way only—by living with it. If you always live in beautiful buildings, bad architecture will grate on you. If you always smoke first-rate cigarettes, you will immediately detect a bad one. If there are good pictures on your walls, you will come not to care for bad paintings. That is the only way, and the infallible way, in any subjects to learn to distinguish what is and what is not first-rate—live with the first-rate. That is what educates one.

We would all agree that it would be good to have a country whose architecture and music and science and literature were first-rate rather than second-rate. There is something else in which it is even more important to be first-rate—human character.

How can one learn what is first-rate in human character? By living with people who are themselves first-rate. Unfortunately they aren't always accessible in the flesh. They are accessible to everyone in another form—in the two great portrait galleries of human nature: literature and history. In history we see man in all his varieties and shapes. In literature we see all the visions and feelings that the dreaming mind of man has conceived. In both history and literature we have, or can have, mixed up with much else what Whitehead calls "the continual vision of greatness." If we live long enough with it we get some sense of what is first-rate in human character and what is not. That, incidentally, is one of the advantages of a classical education. Anyone who knows Greek has had the best of training in distinguishing the first-rate in literature and thought. Our own literature, too, has an amazing wealth of what is first-rate—not only in literature but in human character. A nation is fortunate that has, described in its own language and drawn from its own countrymen, the men and women of Shakespeare's plays. I suggest that one should not forget, at school or afterwards, in one's own occupation, and even more in one's view of life and human nature and politics, the need for a continual

vision of greatness. That is all the more necessary because there is plenty that is third- and fourth-rate around us—in our novels, our press, our films, our commercialism—and there is some risk of our civilization losing the sense and the imprint of what is first-rate.

One final point—if I were to give in a single phrase a definition of an educated man, I would say that he is a man who knows what is first-rate in as many fields of life as possible.

In the Good Old Days

(*The Canadian Nurse* — MAY 1912)

"It is becoming more clearly understood daily that the question of hospital equipment is also a question of hospital economy. Simple but adequate equipment means a considerable saving in the initial and subsequent cost . . . The new Toronto General Hospital will be one of the most complete in equipment in America and, while it will not adopt many of the fads which are so striking a feature in some institutions, will yet possess everything that is regarded as a necessity."

* * *

"In marking linen, the mark should be made as attractive as possible. It should be placed systematically so that it may be quickly found by laundresses and nurses. It should include the whole name and many hospitals are including the date to determine the life of the material. The mark is best placed a little below the hem, not too near the edge of the material . . . A method of marking that is increasing in favor is the chain stitch, done usually in red. Prices for the latter run around: Napkins and towels, 10¢ a dozen; table cloths, bath towels, 12¢ a dozen; sheets and pillow cases, 15¢ a dozen; blankets, 60¢ a dozen."

* * *

"Lord Lister, who saved so many lives, has himself passed quietly through the gateway that separates us from the Great Beyond . . . To Lister the world is a heavy debtor. He not only took science by the hand to lead her gently along, but he embraced her in his arms and bore her bodily away with him as the handmaid of surgery."

* * *

"In the year 1911 there were 191 nurses employed in the various branches of the Victorian Order of Nurses."

Formation of Canadian Commission on Nursing

An important new health body, the Canadian Commission on Nursing, came into being on January 19, 1952, at a joint meeting of representatives of the Canadian Medical Association, the Canadian Nurses' Association, and the Canadian Hospital Council. Its formal organization followed a series of meetings that grew out of a resolution passed at the 11th biennial meeting of the Canadian Hospital Council in May, 1951.

At the first formal meeting of the group in November, broad terms of reference were prepared. It was proposed that the Commission investigate carefully the current nurse shortage so that it might recommend measures to ensure the provision of adequate nursing services for Canada's health needs. For its early deliberations, the Commission will be limited to six active members, the representative of the Canadian Medical Association to act as chairman. When plans have been formulated, membership will be enlarged by drawing from the national field.

A study of the contributing causes of the serious nurse shortage was instituted at the first meeting and data is being gathered. At recent meetings, methods of alleviating the shortage have been under discussion.

The course of action of the C.C.N. will be determined in part by the funds available for its program. It is now being financed by the three participating groups. The next major determinant will be the spring meetings of the three interested organizations. Direction and momentum to the project will be given by the speed and clarity with which these three groups recognize the urgency of the situation. A great deal of careful work and thought will be necessary to bring this issue into focus. From it a realistic program should be initiated to meet our nursing needs.

—L. O. BRADLEY, M.D.

Public Health Nursing

Nutritional Requirements in Pregnancy

E. W. McHenry

In 1950 there was published under the egis of the U.S. Food and Nutrition Board a textbook entitled "Clinical Nutrition." The following statement is quoted from page 683 of that book: "Pregnancy is a period of nutritional stress, for the pregnant woman must consume adequate nutritive material both for herself and for the developing fetus." This discussion is a critical examination of the validity of the quoted sentence.

From time to time during the past 30 years there have been set forth dietary standards or lists of recommended allowances of calories and of various nutrients needed by humans to ensure adequate nutrition. The three most recent ones have been: the Recommended Allowances of the U.S. Food and Nutrition Board, the dietary standard of the British Medical Association, and the dietary standard of the Canadian Council on Nutrition. Between the British and Canadian views there is good agreement but there are some differences between those two and the American, the difference being mainly with regard to vitamin recommendations. For this discussion I shall use the Canadian Dietary Standard.

Table I shows the nutritional recommendations for pregnancy. The requirements for calories and for various nutrients are the same for the first half of pregnancy as for the non-pregnant woman. Increases in calories and for all but one of the listed nutrients are advised for the second half of pregnancy. The increases are given separately in the last column of the table. The question to be considered is whether these extra allowances are on a sound basis.

In an attempt to answer this question, the obvious approach is to examine the nutritional requirements of the fetus. During the first five months the accumulation of nutrients in the fetus is negligible; this is the reason why no extra intake above the level of adequacy for a non-pregnant woman is recommended for the first half of pregnancy in the Canadian or, indeed, in other dietary standards. During the last trimester, and especially in the last month, rapid fetal growth causes a marked increase in nutrient requirements.

In an excellent review published in 1941, Dr. Huggett, of St. Mary's Hospital, London, discussed the nutrient requirements of the fetus. Huggett indicated very clearly the accumulation of various substances in the fetus during the last trimester of pregnancy. The increment in protein by the fetus during the last trimester is at the rate of 3-4 grams a day but this amount is doubled during the last month. If the mother is following sensible dietary advice she will be ingesting 50-60 grams of protein a day. In terms of this total intake the average daily need of the fetus, *per se*, is negligible and should not be the cause of any nutritional stress for the mother. In Huggett's data the various mineral nutrients are grouped together as ash. A marked increase in ash elements takes place in the third trimester and in the last month particularly. One nutrient included in this group is calcium. It will be noted presently that the need for calcium is appreciably greater than the amount which would be adequate for a non-pregnant woman.

The information given by Huggett

Dr. McHenry is professor of nutrition with the School of Hygiene, University of Toronto.

TABLE I

Nutrient Recommendations for Pregnancy

	Non-Pregnant	Pregnant		Allowance for Pregnancy
		1st half	*2nd half*	*(latter half)*
Calories	2,400	2,400	2,900	500
Protein	55	55	80	25
Calcium	0.55	0.55	1.55	1.0
Iron	12	12	15	3
Vitamin A	4,000	4,000	6,000	2,000
Vitamin D	....	....	400	400
Thiamine	0.75	0.75	0.90	0.15
Riboflavin	1.1	1.1	1.3	0.2
Niacin	7.5	7.5	9.0	1.5
Ascorbic acid	30	30	30	....

All figures for woman of 120 lb., doing housework.
From Canadian Dietary Standards approved by Canadian Council on Nutrition.

is incomplete and provides no guidance for estimating fetal requirements for several nutrients. From reports scattered through the literature, I have endeavored to estimate fetal requirements. If we consider only fetal needs, it is impossible to justify most of the extra amounts of nutrients advised to furnish nutrition in the latter half of pregnancy. The fetus, by itself, could hardly be the cause for nutritional stress if the mother is reasonably well nourished, except in the case of calcium and of vitamin D. This statement should not be taken as proof that the extra recommendations are inadvisable since most of them can be justified on other grounds.

In 1940 Standore and Pastore reported a study on weight gain during pregnancy. The subjects were 3,000 women resident in the United States. This study indicated that from the tenth to the fortieth week there is a continuous gain in weight which finally averages 24 per cent of the non-pregnant weight. There is a considerable amount of opinion, today, that such a gain in weight by a pregnant woman should be regarded as undesirable and that efforts should be made to prevent it. The question at once arises as to whether the average gain in weight reported by Standore and Pastore should be thought of as a normal, physiological affair or whether it is undesirable. It has been estimated that one-third of that amount of weight gain is due to the products of conception. It is essential that we consider one of the factors involved in the weight increase.

A number of observations over a period of years has been made on protein retention during pregnancy. It has been found repeatedly that the mother begins to accumulate protein fairly early in pregnancy. An average total retention for all of pregnancy is likely to be about 2,300 grams. Of this total amount, about 400 grams will be present in the infant at birth and an equal amount can be accounted for in the placenta, in the uterus, and in the breasts. At least one-half of the total protein retained is not needed for the fetus and adnexae. It is known that decreased catabolism of protein is characteristic of normal pregnancy and one evidence is the drop in blood urea. The pregnant woman exhibits an economy in protein utilization which makes possible the retention of a very large amount of protein, far in excess of the requirement of the fetus. The mechanism responsible for this is unknown but may be suspected to be hormonal. It is becoming increasingly clear that this state of positive nitrogen balance is normal in pregnancy and that an interference

with this protein retention can lead to undesirable consequences.

The known facts about this protein accumulation permit two deductions regarding protein requirements and regarding weight increase during pregnancy. It has been pointed out that an average total retention of protein in pregnancy is about 2,300 grams; about 70 per cent of this takes place during the last 140 days. This means an average daily gain of 12 grams of protein. It is reasonable to assume that 50 per cent of ingested protein is absorbed and utilized. On this basis an excess consumption of 25 grams of protein per day should be provided to ensure the retention of 12 grams of protein a day.

The extra intake of protein recommended for the latter half of pregnancy can thus be justified. For every gram of protein retained one can predict a retention of about five grams of water. Protein and water accumulation by and in the mother could account for a gain in body weight of 25 pounds, an amount which is 20 per cent of an average non-pregnant weight of 120 pounds. The gain in weight can be regarded as normal if the mother is not overweight.

Before leaving the question of protein retention by the mother it is reasonable to raise the further question as to why it should take place. The most commonly held explanation is that it is a preparation for lactation. That explanation can be considered valid if it is recalled that successful lactation will require an output of 5-13 grams of protein per day in the milk. While accepting this explanation, I would like to note that the accumulation of protein in the mother may be a safety device to provide for emergencies during pregnancy. It is clear that the large protein retention during the latter half of pregnancy makes advisable an increased ingestion of protein and it can be used to explain an appreciable increase in body weight.

If a woman begins pregnancy with a body weight which is suitable for her height and age, it could be assumed that there will be a physiological gain in weight. For each pound of weight increase one can expect an increase of 10 calories in maintenance energy requirements. Repeated observations have shown that the basal metabolism rises during the latter half of pregnancy to a greater extent than can be accounted for on a weight basis. In addition to these increments in maintenance energy requirements, there must be considered the calorie equivalent of the protein and other nutrients which are retained. The sum of all these can be used as justification for the extra 500 calories recommended during the latter half of pregnancy. Obviously, this recommendation would not be applicable if the woman is markedly overweight, in which case a reduction, and not an increase, in calories is necessary.

Reference has been made to the calcium retention in the fetus. An average retention by the fetus has been estimated to be about 22 grams. Observations on calcium balance have shown, also, that the mother retains about an equal amount, ostensibly in preparation for lactation. Practically all of this double retention takes place in the last 140 days and can be calculated to be about 0.3 grams a day during that period. It is reasonable to assume that about 50 per cent of ingested calcium is absorbed. On this basis it would be wise to plan a calcium intake of 0.6 grams a day during the latter half of pregnancy, in excess of the normal non-pregnant intake. The current recommendation of an extra gram per day is definitely generous. Nevertheless, it is clear that there is justification for doubling the calcium intake in the last trimester. The best way to do that is to increase milk consumption. I am told that calcium gluconate is occasionally prescribed. At present retail prices in most parts of Canada calcium is obtained from milk for one-half of the price that would be paid for calcium gluconate. Moreover, milk supplies excellent protein (the need for which has been discussed) and several other essential nutrients.

There have been many discussions about anemia and about iron requirements in pregnancy. In any such discussion it is wise to remember the hemodilution which occurs normally during pregnancy. This point applies to blood constituents other than hemoglobin. The decreased blood levels of vitamin A, which have been used as an argument for an increased need, can be explained easily on the basis of hemodilution. In respect to hemoglobin it seems to me that a pregnant woman should not be considered to be anemic unless her hemoglobin is below 10 grams per cent. Our best estimate of fetal need for iron is 1-2 mg. per day and the present recommendation of 15 mg. per day intake by the mother is reasonable. This amount can be obtained easily from commonly available foods. Before supplemental iron is prescribed it would be advisable to make sure that anemia is actually present *and* that the anemia is due to a deficiency of iron.

If there is reliable evidence available regarding vitamin requirements during pregnancy, I am ignorant of it. It is known that the human fetus contains very little vitamin A at birth and that the amount increases rapidly if the infant is breast fed. The low content at birth could be taken to prove either that the fetus needs and receives only small amounts or that it receives large quantities which are rapidly utilized. Actually there is little evidence to enable us to estimate the vitamin requirements of the fetus, either for A or for any other vitamin. There is one justification for the considerable increase in vitamin A intake which is recommended for the mother: it will permit substantial hepatic storage in preparation for lactation.

Requirements for B vitamins keep pace with energy expenditures; if the latter are augmented in the latter half of pregnancy, it is reasonable to advise an increase in the intake of the B vitamins. At present we have little reason for thinking that pregnancy increases the need for ascorbic acid but one can see the wisdom of recommending vitamin D to facilitate the formation of bones and teeth in the fetus.

In the light of this discussion let us look again at *Table I*, especially at the last column which gives the extra amount of nutrients thought to be advisable during the latter half of pregnancy. Realizing that the matter is controversial, it seems to me that we can justify the extra 500 calories, *provided* that the mother is not overweight. Whether or not obesity is present the extra intake of protein has sound evidence in its favor as have the increments advised in the supplies of calcium, iron, and the B vitamins. The extra quantity of vitamin A is distinctly generous, is probably not needed except as a preparation for milk production but will do no harm.

The quotation with which this discussion was begun reads: "Pregnancy is a period of nutritional stress, for the pregnant woman must consume adequate nutritive material both for herself and for the developing fetus." If we use present-day nutritional recommendations as our criteria, I would hazard the opinion that there must be many pregnant women who do not consume adequate nutritive materials. Are those women in a state of nutritional stress? Obstetricians with whom I have discussed this question have all said that the most harmful nutritional abnormality during pregnancy is obesity, for which excess consumption of food is the only proven cause. The all-too popular slogan that the pregnant women should eat for two is objectionable and has been the cause of considerable trouble. For most parts of this continent the advice which should be given to expectant mothers is to *decrease* the quantity of cake, pastry, candy, and soft drinks and to *increase* the amount of milk, eggs, fruits, vegetables, and whole-grain cereals.

The actual needs of the fetus, *per se*, will produce no nutritional stress if the mother is using sense in the selection of foods, except in the case of calcium and of vitamin D. To the

needs of the fetus, however, there must be added the protein retention of the mother and the preparation which should take place for lactation.

It is my opinion that many women begin pregnancy with unhealthful food habits. For such women the needed advice is not more of the same but a change in eating habits to provide adequate amounts of essential foods. The known nutritional needs during pregnancy can be met so easily from commonly available foods that there is no necessity for pregnancy to be a period of nutritional stress in Canada.

In Memoriam

Lucy Jane Bailey, who received her professional training in London, Eng., and who had engaged in private nursing in Windsor, Ont., for many years, died suddenly on February 14, 1952, at the age of 70. Miss Bailey saw active service in France during World War I with the British Army.

* * *

Beulah Jean Doyle, who graduated from Highland View Hospital, Amherst, N.S., in 1932, died in Truro, N.S., on January 22, 1952. Miss Doyle enlisted for service in South Africa in 1941. Upon her return to Canada she was stationed at Camp Hill Hospital, Halifax, and at the Debert Military Hospital. Since her discharge from the R.C.A.M.C., she was on the staff of the Colchester County Hospital in Truro.

* * *

Mary V. Long, who graduated from the Montreal General Hospital in 1920, died there on February 14, 1952. Miss Long was actively engaged in private nursing until 1950. She was well known for her outstanding nursing qualities and spirit of service and possessed a keen sense of humor which was appreciated by her patients.

* * *

Helen Louise Potts, who graduated from the Brantford General Hospital, Ont., in 1918, died there on February 13, 1952. Widely known and esteemed, Miss Potts graduated in hospital administration from the University of Toronto. She was a fellow of the American College of Hospital Administrators. A former assistant superintendent of the Brantford General Hospital, Miss Potts was superintendent of the Woodstock (Ont.) General Hospital for 17 years. From Woodstock she went to Sarnia, serving the General Hospital there as director of nursing.

* * *

A. Elizabeth Richardson, who graduated from the Jeffery Hale's Hospital, Quebec, in 1924, died suddenly on February 17, 1952. Following graduation, Miss Richardson remained on the staff at J.H.H. for three years, then became superintendent of the Joyce Memorial Hospital, Shawinigan Falls, Que. In 1938 she became the first superintendent of the Blanchard-Fraser Memorial Hospital, Kentville, N.S. During World War II she was very active in student nurse recruitment, touring Nova Scotia. For three years she served as superintendent of the Aberdeen Hospital, New Glasgow, retiring in 1947 because of ill-health.

* * *

Marion (Cole) Todd, who graduated from the Montreal General Hospital in 1913, died recently.

A. ELIZABETH RICHARDSON

Aux Infirmières Canadiennes-Françaises

L'Alimentation Chez la Femme Enceinte

SOEUR MARIE-NOËL CHABANEL

L'ALIMENTATION chez la femme enceinte est d'une très grande importance à cause de la relation très étroite qui existe entre la diète de la future mère et la condition de son enfant à la naissance. Une excellente diète au cours de la grossesse diminue considérablement les complications et contribue à assurer un travail normal et un accouchement facile.

La relation entre la nutrition et l'état physiologique de la grossesse est une histoire ancienne.[10] La présence d'anémie augmente chez les femmes enceintes qui ont une diète pauvre en protides. Une corrélation définie et frappante a été trouvée entre la quantité de protides ingérés et la fréquence d'avortements. Cependant aucune corrélation n'a été trouvée entre la toxémie, la prématurité, la durée du travail, la quantité protidique de l'hémoglobine ou du sérum, le poids et la longueur des bébés et la quantité modérée de protides ingérés par la mère.[7]

La retention azotée a été généralement considérée désirable durant la grossesse, environ 145 grammes d'azote ont été estimés comme nécessaire au développement du foétus, du placenta, du liquide amniotique et de l'hyperplasie de l'utérus et des glandes mammaires. Au moins 10 autres grammes d'azote peuvent être ajoutés afin de compenser les pertes sanguines au moment de l'accouchement. Cependant, si la femme maintient l'équilibre azoté durant la période de la grossesse, une perte azotée équivalant presque à 5 kilogrammes de tissus organiques, cet équilibre sera soutenu chez la parturiante.[4]

On a observé au cours des études faites sur le métabolisme des protides durant la grossesse, une capacité plus grande à emmagasiner de l'azote. Le manque de retention azotée résulte davantage de l'apport relativement bas en calories plutôt que de l'apport en azote. Il n'y a apparemment pas de relation entre la balance azotée et l'apport azoté.

Etant donné que la femme enceinte construit de nouveaux tissus, ses besoins en protides augmentent aussi. S'il y a déficience en protides, la mère en souffre la première; puis si la privation continue, alors l'enfant en souffre. Parmi les malaises variés soufferts par la mère, très probablement l'anémie vient en premier lieu.[11]

La quantité de protides peut être augmentée en ajoutant une portion généreuse de viande par jour en plus des autres aliments qui doivent composer la diète de la femme enceinte. Ce moyen est effectif en élevant la concentration en hémoglobine et en globules rouges, évitant l'oédème et favorisant la lactation.

On ne doit pas oublier que l'utilisation des protides dans l'organisme est plus efficace lorsque la consommation des vitamines surtout la vitamine B-6 ou pyridoxine et des sels minéraux est abondante.[10]

La grossesse produit des changements dans le métabolisme des protides. La femme enceinte conserve et retient les protides.

Comme on vient de le dire, la diète prénatale est très importante. Tous les éléments nutritifs essentiels sont

Soeur Chabanel est diététiste et professeur à l'école d'infirmières de l'Hôpital Ste-Jeanne-d'Arc, Montréal.

requis en abondance, surtout au cours des derniers mois de la grossesse.

La quantité normale de calories est augmentée de 10 à 20 pour cent, parce que le métabolisme basal est alors plus élevé. Le gain de poids pour la femme enceinte est environ de deux livres par mois. Dans les cas de poids trop élevé, il peut être nécessaire de diminuer la quantité d'aliments à prendre.[12]

La quantité de protides est augmentée jusqu'à 85 grammes par jour. Les protides sont nécessaire pour la formation de nouveaux tissus. Ils doivent être de haute valeur biologique.

La quantité de glucides varie suivant les besoins requis en énergie et en chaleur. La quantité de lipides est modérée, surtout si la digestion est ralentie ou si le poids augmente trop vite. Toutes les vitamines seront fournies en quantité suffisante ainsi que les sels minéraux.

La vitamine A est nécessaire pour la croissance, le maintien d'une résistance normale à l'infection, la grossesse (environ 6,000 unités internationales par jour), l'allaitement et l'adaptation de l'organe visuel aux variations d'intensité lumineuse.[4]

La vitamine B-1 ou thiamine est nécessaire pour la croissance, la grossesse à terme (1.5 milligramme par jour), l'allaitement, le maintien d'un bon appétit, d'une digestion normale, le fonctionnement normal du système nerveux, le métabolisme du sucre et la prévention du béri-béri.

La vitamine B-2 ou riboflavine est nécessaire pour la croissance, la reproduction (2.5 milligrammes par jour), la durée maximum de la vie, l'activité normale des cellules et le fonctionnement normal du système nerveux.

La vitamine D est nécessaire pour avoir des dents saines, des os solides, régulariser le métabolisme du calcium, du phosphore, prévenir le rachitisme chez l'enfant et l'ostéomalacie chez la mère (400 unités internationales).

La vitamine C (100 milligrammes) est nécessaire pour la femme enceinte, la croissance, la prévention du scorbut, la conservation des dents, des gencives et des os sains, le maintien de l'intégrité des parois vasculaires, le métabolisme de certains amino-acides, la résistance aux infections et la désintoxication de certaines toxines.

La niacine (15 milligrammes) est nécessaire pour la croissance, le métabolisme du sucre, la prévention de la pellagre, le maintien de la fonction normale de l'appareil gastrointestinal et le maintien de la fonction normale des tissus.

La vitamine E est essentielle à la reproduction normale. La vitamine K est nécessaire pour la coagulation normale du sang et ainsi prévient les hémorragies.

Le calcium est nécessaire pour la formation du squelette, des os solides, des dents saines, le maintien des réflexes nerveux et musculaires, la coagulation normale du sang, la prévention du rachitisme chez l'enfant et de l'ostéomalacie et de la carie dentaire chez la mère (1.5 grammes).

Le phosphore est nécessaire pour la formation des os solides et des dents saines, le métabolisme des protides et des glucides, l'activité de la reproduction cellulaire, la fonction "tampon" dans le sang et les muscles et la prévention du rachitisme.

Le fer est nécessaire pour la formation de l'hémoglobine et des globules rouges du sang, la respiration des tissus et la distribution de l'oxygène, la formation de plusieurs enzymes oxydants et la prévention de l'anémie simple. La quantité de fer, chez la femme enceinte, est augmentée à 15 milligrammes par jour parce que c'est durant les derniers mois de la vie intrautérine que le foétus emmagasine sa réserve de fer.

Le cuivre est nécessaire pour la formation de l'hémoglobine et des globules rouges du sang, la formation d'enzymes oxydants et la prévention de l'anémie infantile.

L'iode est nécessaire pour la formation de thyroxine, hormone de la glande thyroïde, la thyroxine aide à régler la croissance, l'équilibre de la quantité d'eau, le métabolisme des glucides, le système nerveux, le système musculaire, l'appareil circulatoire, les organes de la reproduction et

les autres glandes endocrines, et la prévention du goître simple.

Le choix des aliments doit être des plus minutieux. Les aliments préférés les plus utiles à la femme enceinte ce sont:

1. *Le lait* (au moins une pinte par jour) à cause de sa richesse en protides (32 grammes) de haute valeur biologique —c'est-à-dire renfermant les acides aminés essentiels à la croissance, en glucides et en lipides, en vitamines A, B-1, et B-2, puis en sels minéraux tels que calcium et phosphore.

2. *La viande* maigre ou le poisson (¼ de livre par jour) est une source abondante de protides (environ 28 grammes), lesquels protides sont de haute valeur biologique et contenant d'une façon appréciable des sels minéraux tels que le fer et le phosphore.

3. *Les oeufs* (1 par jour si possible), ceux-ci renferment des protides de haute valeur biologique (6 grammes); le jaune contient 2 grammes de protides et 5 grammes de lipides tandis que le blanc ne contient que des protides (4 grammes). L'oeuf est une source très riche en phosphore, en fer et en soufre.

4. *Le fromage* frais est une très bonne source de protides, de lipides, de calcium, de phosphore, de fer et de vitamines liposolubles entre autres la vitamine A. Le fromage est un aliment économique; il procure deux fois plus de valeur nutritive que la viande pour le même montant d'argent.

5. *Les céréales* de préférence à grains entiers (1 portion par jour) et le pain (4 tranches par jour). Elles se digèrent facilement et stimulent la diurèse par leur glucides (75% environ). Elles agissent sur le péristaltisme intestinal par leur cellulose, de même l'huile contenue dans la farine, qui ne causent aucun surmenage aux reins. Les céréales sont pauvres en protides excepté le germe, lequel est riche en protides, en vitamines A, B, et E, en fer et en phosphore. Les céréales sont aussi pauvres en lipides. Les céréales raffinées sont pauvres en vitamines et en sels minéraux tandis que les céréales à grains entiers sont riches en vitamines A, B, et E et en sels minéraux tels que le fer et le phosphore.

6. *Les fruits* (3 portions dans le moins dont 1 portion de fruits citrins et souvent crus) à cause de leur richesse en glucides facilement assimilables et leurs propriétés diurétiques d'où action désintoxicante due à leur haute teneur en eau (60 à 95%). Leur richesse en résidus facilite l'évacuation intestinale. Les fruits sont riches en vitamines A, B-1, B-2 et C et en tous les sels minéraux excepté la chlorure de sodium. Certains fruits tels que citron, orange, pomme, etc., ont des propriétés antirhumatismales, antiscorbutiques, anticétoniques, antirachitiques, d'où action vitalisante.

7. *Les légumes*—3 portions au moins et souvent crus sous forme de salade. Tous les légumes cuits, autres que les légumes gazeux tels que chou, fèves et pois secs, blé d'Inde, oignon, etc., sont de digestion facile. Les légumes surtout à feuilles vertes sont laxatifs et ont des propriétés diurétiques à cause de leur haute teneur en eau (60 à 95%). Les légumes à feuilles sont riches en vitamines A, C, et E, ainsi qu'en fer. Les carottes sont riches en phosphore et en vitamine A. Les fèves sèches sont riches en fer, en phosphore et en vitamines B-1 et B-2. Les légumineuses ou légumes secs sont riches en protides (18 à 35%) tandis que les autres légumes sont pauvres en protides (1 à 3%). Les légumes en général sont modérés en glucides (3 à 10%) tandis que les légumineuses, les patates et le blé d'Inde sont riches en glucides (20%). Les lipides sont en quantité négligeable dans les légumes.

8. L'emploi du *sel iodé* est d'usage.

9. Boire 6 à 8 verres *d'eau* entre les repas est recommandé.

10. Les *mets* irritants tels que les épices, l'alcool, le thé fort, le café fort, etc., doivent être pris avec modération.[2]

Enfin, la meilleure manière de s'assurer une alimentation suffisante est de suivre régulièrement les Règles Alimentaires du Canada. Chez les femmes enceintes, il suffira d'augmenter principalement la quantité de lait, de viande maigre et d'oeuf, puisque si les protides requis au cours des derniers mois de la grossesse sont rencontrés, par le fait même, plusieurs autres éléments essentiels le seront d'une façon satisfaisante.

Les organes digestifs de la femme enceinte doivent recevoir une attention spéciale durant tout le temps de

MENU TYPE

Déjeuner	*Dîner*	*Souper*
Pamplemousse	Souper au poulet	Crème aux asperges
Gruau avec crème et sucre	Steak de boeuf	Salade de légumes crus
Rôties et beurre	Patate pilée	(laitue, tomates, céleri,
Oeuf poché	Carottes et pois verts	olives, fromage et mayonnaise)
Café avec lait et sucre	Pain et beurre	Pain et beurre
Collation A.M.	Pouding au riz aux pommes	Pêches en conserve
Verre de lait et fruit frais	Thé ou café	Biscuits à la mélasse
	Collation P.M.	Thé ou verre de lait
	Verre de lait et biscuits	*Au coucher:* Verre de lait ou jus de fruits

la grossesse. La peur, l'anxiété et la fatigue influencent défavorablement la digestion et par conséquent doivent être l'objet d'une mise en garde.[11]

La régularité intestinale aide aussi à l'assimilation des aliments.

Il est important que la femme durant ce temps reçoive une alimentation simple et facile à digérer et qu'elle prenne ses repas à heure fixe autant que possible.

La femme enceinte doit savoir ce et pourquoi elle doit et ne doit pas manger. On ne peut trop appuyer sur ce point.

A noter que l'usage de la cigarette est à diminuer puisqu'il est aujourd'hui généralement reconnu que le coeur de l'enfant naissant d'une mère qui fume, bat plus rapidement et plus fort.

Maintenant un mot sur les conditions anormales rencontrées parfois chez les femmes enceintes:

1. *L'acidose* dû à une déficience en protides.

2. *L'anémie* due à une déficience en fer, en vitamine B-12 et en acide folique. Si la femme enceinte est anémiée, des comprimés à base de fer pourront être ajoutés par le médecin à une diète bien balancée.

3. *La constipation* due à un volume alimentaire intestinal insuffisant.

4. *La carie dentaire* due à une déficience en calcium, en phosphore et en vitamine D.

5. *La maigreur* due à un nombre insuffisant de calories.

6. *Le goître* dû à une carence en iode.

7. Les troubles *rénaux, cardiaques* et *nerveux* accompagnant certains états pathologiques.

8. *Les nausées* et *les vomissements* incoercibles au cours de la grossesse requièrent la plupart du temps une quantité plus élevée de thiamine, de pyridoxine, et vitamine B-12.[10]

9. *La polynévrite* de la grossesse est souvent associée avec la déficience en thiamine.

10. En cas de *néphrite chronique* avec retention azotée dans le sang, la quantité de protides doit être abaissée temporairement. Mais s'il y a albuminurie, il faut déterminer le seuil de tolérance.

11. En cas de *néphrite aiguë*, la quantité de protides à ingérer est restreinte pendant les deux ou trois premières semaines et petit à petit la diète revient à la normale contenant un apport régulier de protides.[3]

12. Dans *la néphrose*, la quantité de protides est élevée (environ 100 à 150 grammes par jour). Toutefois la quantité dépend de celle qui est excrétée par les reins sous forme d'albumine.

13. Lorsqu'il y a présence *d'oédème*, une diète sans sel ou pauvre en sel est fortement à conseiller.

14. *La toxémie* dans la grossesse est due à de l'hypoprotéine. Les toxémies graves comprennent l'éclampsie et les états préeclamptiques. Si la femme souffre d'une néphrite évidente soit latente, subaiguë ou chronique, la grossesse devient objet d'inquiétude, et les dangers existants dans de telles conditions obligent le médecin à l'ordonnance d'une diète non seulement pour ce qui concerne l'état pathologique mais aussi en vue de répondre adéquatement aux besoins protidiques de la mère et du foétus.[11] Strauss offre de sérieuses raisons pour prescrire une assez grande quantité de protides, puisque le but de ces protides en ce cas est de construire de nouveaux tissus tels que ceux du foétus. Ces protides ne sont donc pas désintégrés en leurs produits ultimes et, par conséquent, n'ajoutent rien à la quantité d'albumine éliminée par voie rénale. Les protides ainsi utilisés ne peuvent causer aucun dommage aux reins; au contraire,

sans une quantité suffisante de protides, beaucoup de dommages peuvent en résulter autant chez la mère que pour l'enfant. Toutefois, l'éclampsie ou l'état prééclamptique étant survenu, la situation change parce que ce syndrôme nécessite un traitement obstétrical de grande gravité. Cette thérapeutique d'urgence est de courte durée et, pendant qu'elle dure, les aliments donnés à la femme enceinte doivent consister en des liquides, de préférence jus de fruits, limonades et glace. La diète liquide sert à tenir les reins en bon état et à diluer les toxines qui sont secrétées par les organes.

Si dans l'état d'une femme on reconnaît une prédisposition à la pyélite, néphrite latente, ou une tendance vers les maladies cardiovasculaires, toutes les précautions doivent être prises pour accomplir les deux points suivants:

(a) Alimenter la femme enceinte adéquatement avec un soin particulier pour ses besoins en vitamines, en sels minéraux, et en protides de haute valeur biologique.

(b) Autant que possible voir à lui épargner tout sujet de fatigue soit physique, nerveuse ou métabolique.[11]

Depuis l'introduction de l'insuline, les risques de la grossesse chez une diabétique ont été grandement réduits. Il importe pour elle de suivre scrupuleusement sa diète, laquelle doit être ajustée de temps à autres afin de satisfaire les besoins croissants du foétus et prévenir l'épuisement des réserves maternelles. En ces dernières années, White et Hunt ont été capable de réduire sensiblement la mortalité prénatale et la toxémie de la grossesse chez la mère diabétique, par l'usage d'hormones féminines données aux femmes chez lesquelles ces hormones ont été trouvées en quantité insuffisante.[9]

Les avantages d'une diète adéquate au cours de la grossesse sont:

1. La réduction des complications durant (a) la période prénatale; (b) le travail; et (c) le post-partum.
2. Le pourcentage abaissé d'avortements, de morts-nés et de prématurés.
3. La diminution de la mortalité infantile.
4. Le contrôle plus facile des maladies.
5. Une meilleure apparence des bébés et santé de la mère.[2]

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History's Lesson

If history has a lesson for us today, then it is underlined in no better way than in Edward Gibbon's work on the "History of the Decline and Fall of the Roman Empire." The fall of Rome came as a result of the following, says Gibbons, and they are listed in this order:

1. *Divorce*—the rapid increase of which destroyed the sanctity of the home.
2. *Taxes*—mounting higher and higher with public monies spent for subsidies and celebrations.
3. *Pleasure*—resulting in a craze for sports more exciting, more brutal with every year.
4. *Armaments*—bigger, better to cope with enemies without, when the real enemy is within.
5. *Religion*—became a mere form, lacking life, impotent to affect morals, losing the respect of and the hold on the people.

Ward Planning — The Montreal Neurological Institute

EILEEN C. FLANAGAN, B.A.

WHILE THE NEW WING of the Montreal Neurological Institute has been planned for the care of neurological and neurosurgical patients who undoubtedly require rather special care and attention, still many of the requirements are quite valid for a large number of patients in general hospitals. Patients with many other diseases are mentally confused at times, or physically helpless, or require constant attention, so that the means adopted in the Institute to handle these conditions can be useful to others.

Before describing in detail our new ward accommodation, it might be helpful to discuss briefly some of the problems relevant to the whole matter of modern care of patients in hospitals. With the great changes in medical care, especially early ambulation; with the greatly increased hospital costs; and with the ever-present need to conserve nursing and other personnel, it is essential to radically revise some of our concepts of patient accommodation in hospitals.

There is considerable controversy at present in regard to the merits or demerits of large wards versus small wards, two-bed rooms versus four- or six-bed rooms, and of the ratio of single rooms to wards. Actually if one simple criterion were used in assessing the problem, it would not be too difficult to reach a decision—how can the patient be given the best medical and nursing care?

In the United States and Canada the growth of the "private room concept," with the accompanying large private wings separate from the main building of the hospital and far distant from the general wards and services of the hospital, has been the result of the great objection to the disagreeable features of the old style wards. This was not due altogether to the size of the wards but mainly because the necessary but disagreeable features of bed care were carried out in the ward itself, to the embarrassment of the individual patient and to the annoyance of the others around him.

Because of this "private room" system, hospital costs have become very great, partly because it requires a much larger proportion of nurses and other personnel than the ward system. Paradoxically, these private patients, generally speaking, receive less efficient medical and nursing care than the ward patients. Moreover it is wasteful of doctors' and nurses' time and of the patient's own time. In the end the private patient under the present "isolation" system loses out in care, time, and money.

Busy medical men, especially the internes, travel long distances visiting patients scattered about on several floors of huge buildings that are either far away from their laboratories and work rooms or necessitating the duplication of these rooms unduly. The amount of specialized hospital equipment which also has to be duplicated is great and costly.

The ideal arrangement would be for all the patients of one medical category to be at least in the same building, so planned that all these patients could be looked after in wards or rooms as medically indicated, the patient paying the rate applicable to his financial or particular status or arrangement.

The wards should be a reasonable size—8 to 20 patients—in single and four-bed rooms as required, with all the necessary treatment rooms, lab-

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Miss Flanagan is well known as the supervisor of nursing in this world-famous hospital.

oratories, and equipment close by and with a trained nursing staff competent to take care of each particular service.

Light on the whole subject is gradually beginning to dawn and it is being widely recognized that wards can be made into pleasant places by taking the disagreeable features out of them; by adding, close to the ward, a treatment room, a dressing room, an examining room, and an enema room or bed-bath room as we prefer to call it. The patient is wheeled in his bed to each room as required, leaving the ward as far as possible free of odors and noises.

In addition, separate rooms, including a recovery room, should be placed adjacent to the ward to receive accident cases, deal with other emergencies, and take care of critically ill and disoriented patients. We have found that the ordinary patient benefits greatly by being with others, if a good spirit of morale is kept up by the staff, and that bed and other exercises, carried out as group enterprises, help their convalescence greatly. This applies to the private and semi-private patients as well as to the ward patients.

This plan would ensure that the total medical, nursing, and technical staff, and all the necessary equipment for each category of patients, would be easily available, their time used most economically both for themselves and the hospital, and the service to the patients would be greatly increased.

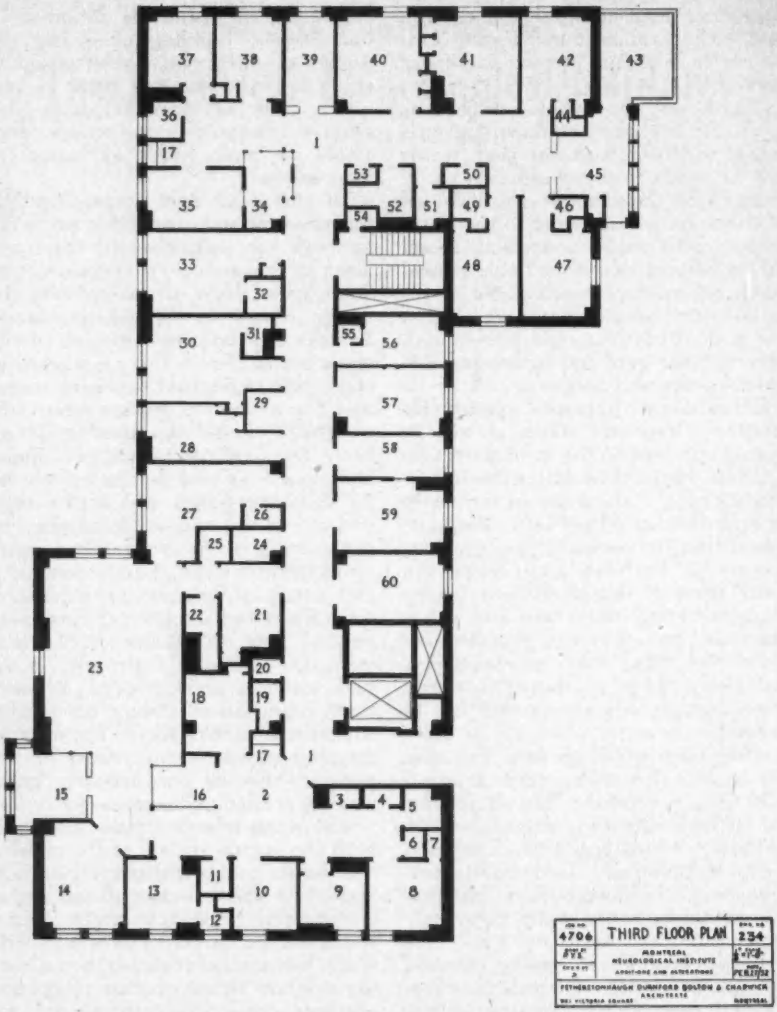
Since, in many cases, a patient benefits by being with others sometimes during their whole stay in hospital, or at least for some part of the stay, under this arrangement patients can be moved around within the unit without leaving the staff to whom they have become accustomed. It also improves the teaching facilities for medical and nursing students, and is a solution for the problem of trying to keep the interest of general staff nurses on the purely private wards as they are at present constituted.

In planning the new wards we have continued the principle followed in our present building of giving the nurses as much visual observation as possible of the patients in the rooms, wards, and corridors. We have also tried, while making the wards functional, to make them as attractive as possible.

Of the seven new floors, four are for hospital use, three for patients, and one for extensions to the operating room and x-ray departments. The patient floors are extension of the present floors, so that existing facilities can still be used. On each of the three patient floors there is a ward of eight beds with four separate rooms and the necessary service rooms, all of which will be described in detail, three four-bed rooms and six single-bed rooms. There is also a special M.N.I. observation unit with a two-bed room, and two single rooms. For general use, there is a kitchen, store room, flower room, linen room, and the usual utility service rooms. A work room and laboratory is provided on each floor for the doctors. For the patients, there is a dressing room with its own service room, a treatment room, an examining room, and a continuous bath room. Two special dressing rooms are provided in the present building for dressing brain abscess or meningitis cases.

The ward unit is almost a square, with the nurses' station in the middle. The upper part of the nursing station is made of glass, as they all are, and is constructed so that it projects into the ward and corridor. On one side is the ward, next to it on the adjoining side are three separate rooms for accident cases, critically ill or disoriented patients, and a two-bed recovery room. All these are clearly observable from the nursing station.

We believe that the recovery rooms should be on the wards, so that the patient is taken care of by the staff who has known his preoperative condition and will be taking care of him following the operation. To have the patient in his immediate post-operative period observed by nurses who have not seen him before, and deprive the staff of his own ward from ob-



MONTREAL NEUROLOGICAL INSTITUTE

Third Floor

(1) Corridor. (2) Hall. (3) Toilet. (4) Bed-pans. (5) Utility. (6) Isolation Service. (7) Toilet. (8) Isolation. (9) Isolation. (10) Single Room. (11) Bathroom. (12) Toilet. (13) Single Room. (14) Recovery Room. (15) Sitting Room. (16) Nurses' Station. (17) Doctor's Desk. (18) Treatment. (19) Linen Closet. (20) Cleaner's Closet. (21) Continuous Bath. (22) Toilet. (23) Ward [8 beds]. (24) Blankets. (25) Bathroom. (26) Bed-pans. (27) Bed Bath Room. (28) Storage. (29) Stretchers & Wheel-chairs. (30) Semi-Private [4 beds]. (31) Toilet. (32) Bathroom. (33) Semi-Private [4 beds]. (34) Nurses' Station. (35) Night Observation [2 beds]. (36) Bathroom. (37) Single Room. (38) Single Room. (39) Nurses' Sitting Room. (40) Semi-Private [2 beds]. (41) Semi-Private [2 beds]. (42) Private. (43) Sun Gallery. (44) Toilet. (45) Sitting Room. (46) Toilet. (47) Private. (48) Private. (49) Toilet. (50) Toilet. (51) Bathroom. (52) Utility. (53) Flowers. (54) Toilet. (55) Dictaphone. (56) Doctor's Workroom. (57) Examination & Treatment. (58) Service Room for Dressing Room. (59) Dressing Room. (60) Kitchen.

serving the initial post-operative period, is neither good for the patient nor the nurses. Recovery rooms off the operating room probably have a use for nose and throat cases or for minor surgery or, in the event of some emergency condition, where any moving of the patient is contraindicated.

The Third Floor Ward Unit

The ward unit, as has been stated, is almost a complete square. There is a ward for 8 or 10 patients, a patients' sitting room, four separate rooms including a recovery room, and an isolation room. These are all in full view of the nurses' station which is almost in the middle of the square. There is a suction outlet between each two beds and also an oxygen supply.

The recovery room, which has room for two patients, is especially air-conditioned and soundproofed and is equipped with oxygen and suction apparatus.

The isolation room has its own bath and toilet facilities and utility room. The other two rooms are for disoriented or critically ill patients, those having seizures, or to receive accident and other emergency cases. They are also in full view of the nurse. The usual general utility and bed-pan rooms are provided. Off the ward on the right is the bed-bath room, or enema room as it is sometimes called in Europe. If the wards are to be pleasant places, the giving of bed-pans, enemata, and bed-baths, to helpless and paralyzed patients, must be done elsewhere.

In this bed-bath room, into which the patient will be wheeled in bed, is a shallow bath placed against one wall, at working height for the nurse, with a lifting device working from a ceiling track, to lift the patient when necessary from the bed to the bath. It is then possible to bathe the patient with plenty of water which it is impossible to do in bed and thus keep the skin in good condition.

Likewise when the patient requires the bed-pan or an enema he can be wheeled into the room and have privacy. There is a toilet attached to the room and, as far as possible, we try to have the patients use the Swedish toilet chair which fits over the toilet and does away with the bed-pan and also diminishes greatly the need for enemata.

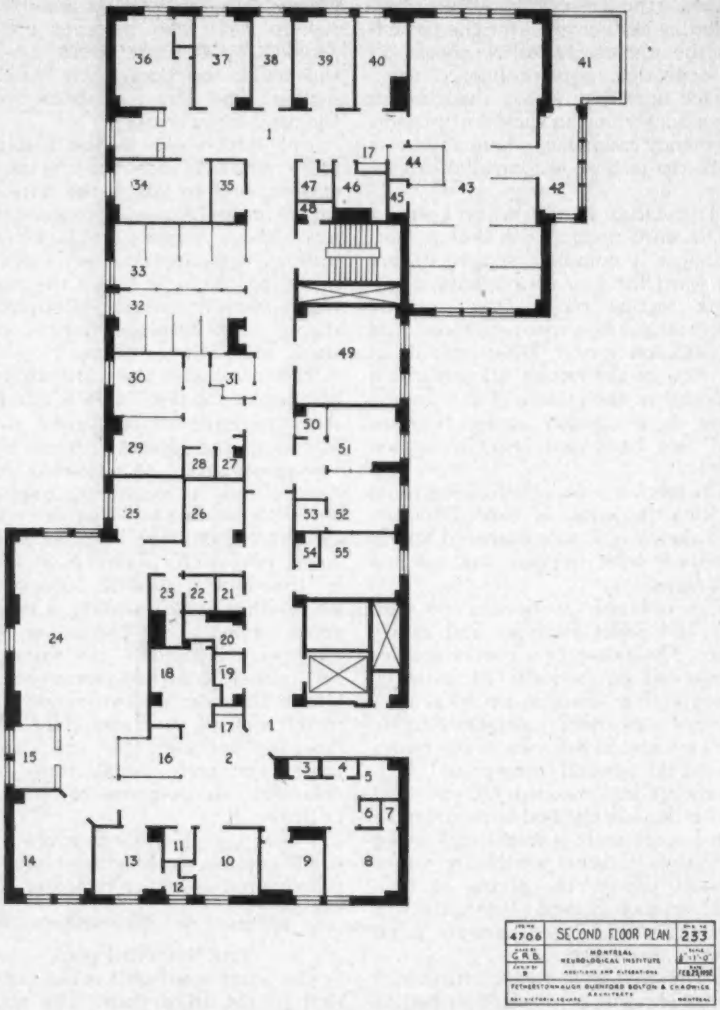
The next room is the treatment room which is close to the nursing station, and to which the patient is taken in bed for such procedures as intravenous infusions, blood transfusions, venipunctures, penicillin and other injections (in which the patient might disturb a ward while receiving them), nasal feedings, lumbar punctures, and catheterization.

This completes the ward itself. We go then to the remainder of the floor. Along one side of the corridor are the kitchens, the doctors' work room, the dressing room with its own service rooms, and an examining room. On the other side are two four-bed rooms, the store room, the continuous bath room, and utility room. Next to this is the special M.N.I. observation unit with a nurses' station, a two-bed room immediately behind it, with one-way vision—i.e., the nurse can see in but the patient cannot see out. Off to the side are two single rooms in full view of the nurse. This unit is designed specially for the care of patients at night, either those being observed for seizures or who are critically ill.

The rest of the floor is given up to single rooms or double rooms for patients not requiring too close observation.

The Second Floor

The adult ward unit is the same as that of the third floor. The rest of this floor is planned for children. On the left-hand side of the corridor are two admission rooms with their own separate toilets, bath and utility rooms, on the right side two isolation rooms equipped as a separate unit. Again on the left, a nurses' station, projecting into the corridor and with glass top, is placed between the admission rooms and two rooms containing cubicles for eight infants. These are also glass from three feet up and are air-conditioned.



MONTREAL NEUROLOGICAL INSTITUTE

Second Floor

(1) Corridor. (2) Hall. (3) Toilet. (4) Bed-pans. (5) Utility. (6) Isolation Service. (7) Toilet. (8) Isolation. (9) Single Room. (10) Single Room. (11) Bathroom. (12) Toilet. (13) Single Room. (14) Recovery Room. (15) Sitting Room. (16) Nurses' Station. (17) Doctor's Desk. (18) Treatment. (19) Linen Closet. (20) Storage. (21) Flowers. (22) Bathroom. (23) Toilet. (24) Ward [8 beds]. (25) Bed Bath Room. (26) Continuous Bath. (27) Utility. (28) Bathroom. (29) New Admissions. (30) New Admissions. (31) Nurses' Station. (32) Infants' Ward. (33) Infants' Ward. (34) Continuous & Ordinary Bath. (35) Utility. (36) Two-bed Room. (37) Examination & Treatment. (38) Service Room for Dressing Room. (39) Dressings. (40) Recovery Room. (41) Sun Gallery. (42) Sitting Room. (43) Children's Ward. (44) Nurses' Station. (45) Toilet. (46) Store. (47) Linen. (48) Toilet. (49) Kitchen. (50) Utility. (51) Isolation. (52) Isolation. (53) Bathroom. (54) Dictaphone. (55) Doctors' Work Room.

Along the end of this floor are two separate rooms, a continuous bath room, an examining room, dressing rooms with service rooms, and a recovery room. On the right is a ward for ten children. One half of the ward has glass cubicles and the other half has curtains between the cots. This has been done on the advice of the pediatrician, who feels that certain children, and many children at certain periods of their stay, benefit by being together.

There is also a sitting room for the children on the ward.

Again the nurses' station is so located that she has full vision of the service rooms and the ward.

We have tried, then, to make our wards and rooms, from the patients' point of view, as flexible and as attractive as possible by removing all disagreeable and disturbing elements. This makes it possible for a number of patients to happily occupy the same ward and assist each other mentally, physically, and socially to recover from their illnesses. It has been surprising how much more quickly the patients who are together recover than the ones who are alone in a room. Secondly, the planning allows the nurses to observe most of the patients most of the time and for a smaller number of nurses and personnel to care for them. It means that the ward patients, semi-private and private patients all have the benefit of specially trained staff.

For the doctors it means that they have all the facilities for all their patients close at hand and have suitable rooms in which to carry out procedures, rather than having to carry out complicated procedures in wards and rooms far away from supplies. It also means that they have the help of specially qualified nurses. It means, furthermore, that the equipment is used to its fullest capacity and is available for all categories of patients.

It is important then, in present-day planning, to make patient accommodation more flexible; to break down the rigid barriers between so called private, semi-private, and ward patients; to create a functional unit suitable for all patients, serving both medical and financial requirements; and to give the patients, doctors, and nurses the best situation possible in which to fulfil their respective roles.

The Gibraltar of America

MAJOR GEORGE GUIMOND

WHILE OUR FORTRESS does not date from medieval times, its age is worthy of respect. Under the French regime there was no Citadel on the site of the present fortress; this was built later by the English. It is true that in 1693 the Count de Frontenac, then Governor at Quebec, had built on Cape Diamond a fort which was quite imposing for that time and which was called The Citadel. It is shown on the first map of Quebec drawn by the English as "The Old French Cavalier." The fort which we see today at the King's bastion, close to the residence of His Excellency the Governor General, was built on the same site as the old fort and certainly contains part of the original structure.

It will be recalled that in 1759, when Wolfe lined up his army in battle formation for the attack on Quebec, he saw in the distance the fortifications surrounding the city. These followed practically the same lay-out as our present-day walls and ended at the bastion of Cape Diamond, now known as the Prince of Wales' bastion but at that time called the "Demy Bastion de Joubert."

In June, 1762, shortly after the

Major Guimond is curator of the Military Museum, The Citadel, Quebec City.

surrender of Canada, General Murray, the Governor, believing the defences of the city inadequate—this had been proven when Lévis laid the siege of Quebec in the spring of 1760—strongly recommended the construction of a citadel on the Cape to reinforce the left flank of the fortifications overlooking the St. Lawrence. However London did not grant this request for some time.

Finally, at the beginning of the 18th century, plans were drawn up for the construction of our Citadel. These plans were approved with enthusiasm by the Duke of Wellington, at that time General-in-Chief of Artillery. The work of construction was begun in May, 1820, under the direction of Lieutenant Colonel E. W. Durnford, commander of the Royal Engineers "in the Canadas," and went on for several years. A large part of the main work on the new fortress which stands 350 feet above the great river—i.e., the walls, the bastions, the trench, the casemates, the officers' quarters—was done from 1820 to 1832. Later the other buildings were erected. The Armoury Building was built shortly after 1832, the Commissariat in 1839, the detention barracks in 1841, the bomb-proof hospital and its morgue—today the Administration Building—in 1849.

It is interesting to note that estimates for the greater part of this work were higher than the actual cost of construction. How times have changed!

The present-day Citadel retains a solitary souvenir of the French regime in the form of an old powder magazine built around 1750 under the direction of Gaspard Chaussegros de Léry, the King's engineer. This is located in the Prince of Wales' bastion, so called following the visit of the future King Edward VII in 1860. Shortly after the English occupation, this building became powder magazine No. 4. After serving as a canteen for the Royal 22nd Regiment 20 years ago, it was converted into a museum of military history in 1949.

English troops were billeted in the Citadel until November, 1871, at which time they were relieved by batteries of Canadian artillery. When, in 1920, the Royal 22nd Regiment was formed into a unit of the permanent army to perpetuate the memory of the 22nd of 1914, it was billeted in the Citadel where it has since remained.

Thousands and thousands of visitors go to the Citadel each year to admire this monument of old Quebec, a monument which we have faith no one can succeed in destroying or sabotaging as has been the fate of so many others.

Simplicity in Delivery

The staff at Fort Churchill Military Hospital had a most amusing and unique experience recently.

An Eskimo woman was admitted one day, about to have her sixth child. As this was undoubtedly her first experience in a modern hospital, she was somewhat perturbed and fearful of her strange surroundings and the preparations which were being made for her delivery. In due time, our patient was taken to the delivery room where we attempted, by various gestures and signs, to convey to her an understanding of her part in the proceedings. Major Elliott, our medical officer, in his great effort to demonstrate to the patient just what she was to do, even got up on the case room table. However, our Eskimo lady nonchalantly sat on the delivery room floor and laughed at him.

As a last resort, we hurriedly summoned an interpreter from the nearby town of Churchill. She, too, failed to arouse any understanding on the part of the patient, who still insisted on having her baby in true Eskimo fashion.

Finally, the patient was returned to her room. A sheet-covered rubber mat was placed on the floor, a few necessary instruments were set at hand and a baby cot placed in readiness. Our patient wished to be left alone

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but promised to ring her bell when she was ready for the assistance of the night sister.

Sure enough only a few minutes passed before the summons was heard. I hurried in to assist our lady out of bed and give the necessary aid.

Within five minutes, with the mother squatting on the floor, arms resting on bedside table and armchair and I kneeling beside her, her baby was born, crying lustily, as though angry at being thrust into this world in such a manner.

Little Mark weighed six pounds five ounces at birth, had a typical flat Eskimo nose and no eyelashes or eyebrows. He began to gain weight steadily within a couple of days and, of course, never lacked attention from any of the nursing staff. I believe we all secretly hoped that it would be some time before he left us for his parents' igloo home at Eskimo Point.

Our mother, very happy with her new son, was out of bed the following day and had an uneventful post-partum period.

—LIEUT. (N/S) A. MITCHELL

A Nurse-Midwife in Wild Australia

M. GARTRELL

(*Concluded from the April issue*)

A marked aboriginal trait is that of sharing. Give one a gift and it automatically becomes the property of the whole tribe, for the aboriginal thinks in terms of the group, not the individual. Centuries of living in a land that is not always kind made this essential if the group was to survive, for without the group the individual was lost.

The mission's gift of the white man's medicine was treated in the same way. Often word was brought of illness in the bush. Sometimes it was relayed by many mouths until the origin of the message was lost. The arrival of Sister in the camp would be the first intimation the patient had of her intervention. Even in such a community-minded society as the aboriginals', the individual sometimes resented Sister's intrusion as will be shown.

A group of mission children

It was the wet season. The rain was falling in a thunderous downpour on the iron roof of the mission hospital. Through the wall of water a boy came running. "Kukaga bin have little bit baby. She plenty sick fella. You go quick?" Sister nodded—it was easier than shouting above the roar.

A small party set out from the mission a little later. With Sister were the superintendent and some mission boys, for Kukaga's tribe might prove difficult for her to handle alone and stretcher bearers might be needed. Within seconds the party was drenched but it was warm rain so not too uncomfortable. The journey, over treacherous ground swirling with water and through narrow jungle trails, was an experience Sister will not soon forget.

She found Kukaga a pathetic figure. The lubra was quite deaf and partially blind. She had miscarried with severe hemorrhage and her uterus had prolapsed. Shock had reduced her to semi-consciousness.

It was quite impossible even to think of treating the woman in the wet, muddy *mia mia*. She would have to go to the mission. Her husband, Nenlerribipona, shook his head when this was translated. The superintendent, who spoke the local dialect, then took him to task with the result Nenlerribipona shrugged his shoulders and walked off apparently indifferent

to what happened to his wife. Kukaga was lifted gently on to the stretcher and carried to the mission.

Sister treated her for shock, replaced the uterus, commenced penicillin and other therapy and hoped for the best. By evening the lubra's condition had improved. These people have remarkable recuperative powers and Sister had every reason to feel Kukaga had a good chance of recovery.

It had been a long exhausting day for Sister. Kukaga had been her greatest worry but only one of the many calls on her services and she was very tired. Sister felt she could safely leave Kukaga in the hands of Mel, one of the hospital girls, for a few hours. Leaving instructions when to be called, she went to bed.

The night passed slowly. Kukaga was sleeping quietly, Mel, sitting beside the bed, was soothed by the even rise and fall of her patient's chest and she, too, fell asleep.

Mel woke suddenly. She opened her mouth to cry out. "Quiet!" Nenlerribipona hissed fiercely. He stood over her, spear in hand, a menacing silhouette against the feeble light of a kerosene lamp. His great dark eyes were blood-shot as they glared silent threats at Mel. She cowered away from him in fear.

Nenlerribipona shook his wife roughly and dragged the bed clothes off her. Kukaga woke with a start. "You come," he muttered savagely. Kukaga could not hear his words but she knew what he meant and did not dare disobey. Weakly she struggled from the bed, wrapped a blanket about her shoulders, and went out into the cool wet night with her lord.

Mel had disgraced herself. Had she not been sleeping there would have been time to give warning of Nenlerribipona's intrusion. Now, Kukaga was gone—Kukaga about whom Sister had been so worried. Mel hadn't the courage to raise the alarm. Miserably she stayed where she was, vainly hoping for Kukaga's return.

It was dawn when Sister wakened. Hurriedly she dressed, wondering why Mel had not called her. She found the girl hunched in the chair beside an empty bed. Tearfully Mel poured out her story. Sister looked at her aghast.

The little party set out again for Kukaga's camp. The lubra and her man were not there. The tribe indicated where they were to be found and, following

The mail plane from Darwin which serves as the aerial ambulance.

directions, the party came upon Kukaga in a cave. Nenlerribipona had fled. Kukaga was very ill. She was curled up under the rain-sodden blanket not caring whether she lived or died. Once more she was carried to the mission. The added strain of her midnight wanderings were too much for her already overtaxed constitution. She died of pneumonia that afternoon.

Sister's activities are not confined to Groote Eylandt. The mission has a sub-station on the Roper River in Arnhem Land to which visits are paid at regular intervals so that the mainland aboriginals will know when the white man's medicine is available.

The journey from Groote to Roper is made on the mission's lugger, a small sailing vessel with an auxiliary engine, which does the crossing in nine hours. It rarely puts to sea in rough weather because of the violence of tropical storms, the shallow reef-studded sea-bed, and the jagged, rocky coastline.

The lugger is manned entirely by mission "boys." The aboriginals make excellent seamen and, as weather prophets, are almost infallible. Their

forecasting was very much in error, however, on the occasion of Sister's first trip to Roper.

There was no hint of bad weather in the cloudless sky or calm sea when the lugger sailed from Groote early that morning. For company she had a lubra, a half-caste and the crew of four.

About midday heavy black clouds swarmed over the sky and the squall struck suddenly with fury. Below the deck was piled high with stores and equipment and what space remained was crew quarters, so Sister stayed where she was on the narrow deck.

The lugger nosed deeply, rose, shook itself then rolled part of the decking under water. Sister and the lubra clung desperately to the brass railing as the lugger nosed again and the receding water clawed at them. One of the boys came with lengths of rope and lashed them to the railings, for there would be hours of this and the women would tire and be swept overboard. It seemed an endless time but by nightfall the squall had passed, leaving a choppy sea in its wake. Then the engine broke down.

The lugger carried on under sail but, approaching the mouth of the Roper, ran onto a sandbank. It was a case of all hands overboard to push the vessel off into deeper water. Here the sea abounds with sharks and crocodiles and as night had fallen an anxious time was spent. A continuous babble of noise and beating of the water was maintained until the lugger slid off the sandbank and the crew climbed aboard. The aborigines have faith in such methods for scaring away these menaces but whether or not they actually are effective is open to question.

Sister was relieved when at last they were sailing the smooth waters of the Roper. It meant for her a longed-for cup of tea and a change into dry clothing, for the others a cheerful meal in the company of old friends. Excitement rose as the landing stage drew near.

When Sister stepped off the lugger she was the only white woman in that portion of Australia. Surrounded though she was by primitive tribesmen she was quite safe for the mission had thrust its roots into the lives of many Arnhem Landers, as with the Groote Eylandt natives.

It is sometimes much better to iron out differences than to press demands.

Two long-range programs, evolved by the World Health Organization with other United Nations Agencies, have been approved unanimously. These activities are designed to help countries in developing their services on behalf of children and in promoting comprehensive schemes for the rehabilitation of physically handicapped persons.

The international program for children is designed to assist governments in a variety of fields, including health, nutrition, education, and economic and social welfare. It lays down general principles for comprehensive child welfare programs as integral parts of national health services and gives high priority to a joint program to aid governments in training community auxiliary workers in health, social welfare, and nutrition.

The international plan for rehabilitation of physically handicapped persons is designed to serve as a guide to countries at various stages of economic development. It includes recommendations for the promulgation of measures to prevent or limit physical disability; for awakening of public opinion on the duty of society towards the handicapped; and for the development of modern rehabilitation methods for the reconditioning, the training, and the employment of all classes of handicapped persons.

Letters to the Editor

Dear Editor:

Thanks so much for reminding me about the renewal of my subscription to *The Canadian Nurse*. My daughter (a graduate of St. Joseph's, Victoria) and I (Winnipeg General Hospital) share the magazine.

I wish to tell you how much we both enjoy reading it and especially find the case histories very instructive and helpful. We also enjoy reading the articles written by Lyle Creelman as well as many other items the magazine offers us. — H.R.L., *B.C.*

* * *

Dear Editor:

I cannot tell you what a help *The Canadian Nurse* has been and is to an "Old Girl" (Class of 1911) starting in again—but I can say "Thank you," — C.F., *Ont.*

Dear Editor:

It gives me a great deal of pleasure to renew my subscription to your very fine magazine. Your articles are all so timely and clear it is a joy to curl up in a cosy chair after duty with *The Canadian Nurse.*

I particularly enjoy your listing of new products each month. — D.G., *Ont.*

* * *

Chère Rédactrice:

Je tiens à vous dire que je trouve la revue toujours très intéressante. Les quelques articles en français ne peuvent que nous réjouir et nous faire espérer "encore plus." Merci de la peine que vous vous donnez pour rédiger un *Journal* "bien fait" — c'est à l'honneur de la profession. — J.A.G., *Qué.*

* * *

Dear Editor:

May I take this opportunity to compliment you on a fine publication? It becomes more interesting with each edition and certainly keeps some of us less active members of the profession well informed on nursing trends and news. — E.P., *N.S.*

* * *

Dear Editor:

Many of the graduates here are enjoying my copy of *The Canadian Nurse.* We especially enjoyed the article on "Trends in Nursing" in the January issue. I find it has been a greater service to me since I have become a graduate than as a student and I am happy to still be a subscriber. — E.B., *New Jersey.*

* * *

Dear Editor:

Again I'm submitting a change of address. However it is an opportunity to express my deep satisfaction in *The Canadian Nurse.* During the ten years I have been a subscriber, I have very often been grateful to "our magazine." For those of us who move about as I do, it is sometimes difficult to keep up with the newer drugs and treatments in use in the large centres. Many "bouquets" to your staff! — D.E.C., *Ont.*

What I Need

I need courage, when the best things fail me; calm and poise, when storms assail me; common sense, when things perplex me; a sense of humor, when they vex me; hope, when disappointment dampens me; wider vision, when life cramps me; kindness, when things are going badly; readiness to help men gladly. And when effort seems in vain, wisdom to begin again.—*Anon.*

Miss Cecile Demers, recently with the Ministry of Health, Quebec, has been appointed by the World Health Organization as public health nurse to assist with the fundamental education project being carried out by the Haitian Government and UNESCO in the Marbial Valley.

Miss Demers is a graduate of Ste. Justine Hospital, Montreal, and completed her public health nursing course at the University of Montreal. She received a fellowship from the Kellogg Foundation to study health education at the University of Minnesota in 1946.

Gilberte Patry has resigned from the Metropolitan Life Insurance Company Nursing Service. She was in charge of the branch at Valleyfield, Que., which has been closed.

News Notes

ALBERTA

CALGARY

At a meeting of Calgary District 3, it was proposed that a panel be presented on "Rules and Regulations Governing Schools of Nursing." Discussion ensued concerning the fact that members of the district be invited to attend the panel following the instructors' meeting at Holy Cross Hospital. The Department of Extension has been contacted for assistance in planning and financing an institute for head nurses in Calgary, preferably in the fall. The district is sponsoring a fashion show with the support of the alumnae and student nurses of the General and Holy Cross Hospital schools of nursing. Mrs. Haddow was thanked and appreciation expressed by the district for her contributions as an active member for many years. Dr. G. Townsend addressed the group on "New Trends in Orthopedic Surgery."

A series of lectures was held for the benefit of the local private duty nurses.

At the end of March, the Community Nursing Bureau lost, through retirement, its founder and registrar, Eleanor Wainwright. During the past year the telephone at her home, where the bureau is located, has rung at least 10,000 times, a record she called "routine." During her term of office the registration of the ten-year-old bureau has grown from 69 registered nurses and 13 practical nurses to a present-day registration of more than 140 registered nurses, 27 nursing aides, and 23 visiting housekeepers. In addition to nursing services, a doctors' telephone service was inaugurated.

The bureau was founded by Miss Wainwright in April, 1942, at the request of Calgary nurses, to facilitate placement of private and general duty nurses and offer the community a service in regular duty and emergency nursing service.

A native of Brampton, Ont., Miss Wainwright took her nurse's training at the Genesee Hospital, Rochester, N.Y. Graduating in 1910, she became head nurse at the Calgary General Hospital in July, 1911. In 1925 she took over as nurse-assistant to the late Dr. R. B. Deane, orthopedic specialist, until his death in 1941.

EDMONTON

At the February meeting of Edmonton District 7, Dr. Johns, academic assistant to the president and associate professor of classics at the University of Alberta, spoke on "The United Nations Committees." A later meeting was devoted to discussion on the Structure Study of the C.N.A. Mrs. C. Van Dusen, A.A.R.N. registrar, gave a brief history of what brought about the Study, enabling the group to devote serious attention to this project at a later date. J. Clark, assistant superintendent of nurses at the University Hospital, gave an interesting account of highlights of her experience at the Simpson Memorial Maternity Pavilion of the Royal Infirmary at Edinburgh.

The district will act as hostess at the A.A.R.N. annual meeting, scheduled for May 19-21 at Banff.

One of the first four R.C.A.F. women to complete the R.C.A.F.'s rugged para-rescue course has been appointed to the instruction staff of the para-rescue school at Tactical Air Group Headquarters, Edmonton. She is Nursing Sister Marion MacDonald of Vancouver, who becomes the first woman to receive such an appointment. F/O MacDonald will act as liaison officer between women students and male staff, make demonstration parachute jumps, and guide women through their practical training.

JASPER

A regular meeting of Edith Cavell Chapter was held at the home of Mrs. M. Douglas with 14 members present. Mrs. Douglas reported on the possibility of a first aid course for nurses. A request has been received from the Home and School Association for one of

the members to give a paper to the group on "What Public Health Would Do for Jasper." Nurses on duty at the baby clinic reported 17 in attendance.

The local pharmacist, Mr. Verne Neeley, gave a talk on "The Story of Pharmacy," tracing its history from the early caveman to the present. His talk was illustrated by a set of colored pictures.

VIKING

A regular meeting of Viking Chapter was held at the home of Mrs. S. Lefsrud when a paper on "Nuclear Physics and Biological Effects of A.B.C. Warfare" was presented by Dr. A. E. Caldwell.

VULCAN

Mrs. Fitzpatrick, the president, was in the chair at a regular meeting of Vulcan Chapter when 14 members and visitors were present. The president reported on the A.B.C. Nursing Warfare Course and outlined her plans for the course to be held locally. The financial statement for 1951 was presented by the secretary-treasurer, Mrs. S. Manning. Mrs. Larsen of Lethbridge, Dr. Gee of Vulcan, and Mrs. C. Van Dusen and M. Cogswell of Edmonton have been among the guest speakers.

The following officers will serve during 1952: President, Mrs. Fitzpatrick; vice-president, Mrs. S. Walker; secretary-treasurer, Mrs. S. Manning.

WESTLOCK

The first meeting of the newly formed Westlock Chapter was held at the local hospital on February 4. The president, Mrs. D. Roberts, is to be chairman of the blood donors clinic when that unit visits Westlock and the nurses will assist. The chapter voted to offer a scholarship annually to any girl interested in entering a school of nursing but not financially able to do so. Arrangements were made to have doctors, dentists, and others speak to the group each month. Mrs. H. Peter and H. Wagar formed a visiting committee for sick nurses. Mrs. D. Roberts, who took the course on Nursing Aspects of A.B.C. Warfare, will acquaint the local group in a series of lectures.

BRITISH COLUMBIA

CHILLIWACK

About 50 members from the various local chapters in the Fraser Valley attended the annual district meeting held here in February. Dr. Anna E. Farewell gave an address on "The Rh Factor." Refreshments were served by the local chapter. Officers elected for the coming year include: President, E. Erickson, Mission; vice-presidents, A. Nielans, Mission, and A. Bush, Coqualeetza; treasurer, M. McCartney, Chilliwack.

The Chilliwack Chapter annual meeting was held in February when an active year was reported by the outgoing executive. Fund-raising activities included a June tea and a September rummage sale. Contribu-

tions were made to bombed-out nurses in Britain through the E. Frances Upton Fund. The nurses entered a float in the Cherry Carnival parade. Representatives were also sent to the Local Council of Women, the recreational centre, and the library committee. Mrs. H. Edmeston and K. Crowley were delegates from the chapter to the R.N.A.B.C. annual convention held in Vancouver in June.

Officers elected for the coming year include: Honorary presidents, Mmes B. MacKay, G. Wilson; president, K. Crowley; vice-president, Mrs. H. Edmeston; secretary, Mrs. N. McGregor; treasurer, E. Gibbons. Committees: Program, Mmes P. Penner, G. Gordon; membership, F. Orton, Mrs. C. Armstrong; visiting, Mrs. H. Bersea; ways and means, Mrs. F. Barwell. Mmes G. Matthews and D. Christie are representatives to *The Canadian Nurse* and press respectively.

Dr. E. J. Wilford was guest speaker at a regular chapter meeting when he discussed the origin and uses of the various drugs available today. Arrangements were made for the annual tea to be held in June on the hospital grounds.

TRAIL

The 12th annual dinner meeting of West Kootenay District was held in March when minutes of the last annual and executive meetings were read by S. Mollard, while Mrs. W. Barge gave the treasurer's report and Mrs. M. Higgens the councillor's report. Chapter reports were heard from Nelson (Mrs. Higgens), Rossland (E. Sutton), and Trail (Mrs. E. Morris). Eighty-five nurses, representing chapters from Nelson, New Denver, Rossland, and Trail, were in attendance.

The guest speaker was Miss Margaret E. Kerr, editor and business manager of *The Canadian Nurse*. Speaking on "The Power of Words" she gave an interesting insight into the mechanics of the publication of the *Journal*. She pointed out that if the price of the subscription were included in the registered nurses' fees, it could be obtained at a reduced rate and deducted from income tax. This is to be discussed at the R.N.A.B.C. annual meeting to be held in Vancouver, May 9-10.

NELSON

At the annual meeting of Nelson Chapter the following officers were elected: President, G. Clark; vice-president, Mrs. E. Van Maarion; secretary, D. Morr; treasurer, Mrs. J. Gallaher. N. Lee, who participated in the course on Nursing Aspects of A.B.C. Warfare, is giving a series of lectures to the nurses. Money-raising schemes for the "entering training" bursary include the annual dance, possibly a rummage sale, and the annual bridge and canasta.

PRINCE GEORGE

The following officers were elected by Fort George Chapter to serve during the coming

months: President, M. McKinlay; vice-president, S. Bradford; secretary, Mrs. R. Richmond; treasurer, D. Munro. Committees: Visiting, Mrs. N. Bayne; program, T. Fagen; refreshments, Mrs. D. Allen; bursary fund, Mmes E. Boyle, R. Richmond; membership, Mmes T. Green, H. Millar; publicity and *Canadian Nurse* representative, Mrs. I. Ford.

The dance held last fall realized $585, some of this sum to go towards a "rangette" and a washing machine for the nurses' residence. The bursary fund will receive $125. The latest recipient is J. Kemp who is in training at Royal Jubilee Hospital, Victoria. Ten dollar donations were given to the Red Cross and the Kinsmen Polio Fund.

Plans are being made for refresher courses in relation to the course on the Nursing Aspects of A.B.C. Warfare. First aid and obstetrical work will be stressed for all who have been away from active nursing for any length of time. G. Gowans will aid in the instruction of the nurses.

At a regular meeting three short but interesting reports were given by members—Mrs. B. Jones dealing with "As Others See Us," Mrs. J. Sakawsky discussing "Nursing Assistants," and Mrs. J. Fierheller commented on the report presented to the Reconciliation and Arbitration Inquiry Board in Vancouver.

A number of members of the chapter have joined the newly organized branch of the Canadian Arthritis and Rheumatism Society.

South Burnaby

Mrs. A. F. Ratcliffe has been appointed matron of the new 100-bed General Hospital which is scheduled to open in June. Mrs. Ratcliffe was on the staff of Queen Victoria Hospital, Revelstoke, for almost nine years.

South Fraser

The third annual dance held by the South Fraser Chapter realized around $250. From the proceeds a bursary is presented each year to a student nurse.

Vancouver

St. Paul's Hospital

Four hundred nurses are now in training at St. Paul's.

At the March alumnae meeting all outside graduates on the hospital staff were special guests. Dr. D. H. Williams, dermatologist, spoke on "The Nobel Prize." Mrs. De La-Salle is convener for the fall bazaar. Sixteen attended the class reunion of January, 1946, at the home of Mrs. C. (Mathews) Motherwell. Out-of-town girls were from Chilliwack and Powell River while letters were read from classmates in San Francisco, Winnipeg, and Kelowna.

Fay (Dobson) Fessant is an industrial nurse with a pulp and paper company at St. Helens, Oregon. L. Soffoniason is with the Mayo Clinic, Rochester. Word has been received from Alice (Startin) Stovall who now lives in Sweden. Rose (McDonald) Schneider

is in Juneau, Alaska, where a nurses' association has been formed; this is divided into three districts. The nurses there hope to have a registry soon as they already have a Territorial Examining Board. A. (Tavender) Brandon is on the staff of Grace Hospital. A recent visitor was Mrs. (Rooney) Wallace who was en route home to Calgary from California.

MANITOBA

BRANDON

Thirteen student nurses of Class 1954-B received their caps at an impressive ceremony held in February at St. Mary's Anglican Church. The program was as follows: Prelude, Miss Hagan; invocation, Canon H. L. Newton; presentation of candidates, J. Higgens, nursing arts instructor; capping, M. E. Jackson, director of nursing; Nightingale Pledge, newly capped students and Big Sisters; welcome, M. Wilson, president, Student Association; response, J. Woodmass.

WINNIPEG

The General Hospital Alumnae Association held their annual tea in February which was a great success, both socially and financially. Home-cooking and a raffle on a suit were added features. The net proceeds were approximately $1,200. Guest speakers at recent alumnae meetings include Dr. Oliver Waugh who spoke on "Rehabilitation of the Paraplegic" and Mr. A. G. Lawrence of the *Winnipeg Free Press* whose topic was "Birds of Manitoba." Mr. John Fisher is the scheduled speaker at the dinner in honor of the 91 members of the graduating class. The Mothers' Tea and dance are other happy events to look forward to in graduation week.

Fifty-three students received their caps at a candelight service in March. A reception was held for the parents following this event. Forty-two probationers entered the school in January.

Through the generosity of a Winnipeg citizen, the floors of the dining rooms in the nurses' residence have been laid with Kentile.

In March the hospital staff bid farewell to the second class of registered graduate nurses who have successfully completed the six-month clinical course in obstetrics at the Maternity Pavilion. Each member received her diploma and the obstetrical pin which bears the W.G.H. crest. C. Bernard has returned to Sherbrooke, Que., M. Hay to Regina, and A. M. Simair to Yorkton, Sask. P. Codville has remained on the nursery staff of the pavilion.

NEW BRUNSWICK

MONCTON

Dr. Jean Garneau, director of the Mental Health Clinic, gave an instructive address, at a meeting of Moncton Chapter, presided over by L. Russell. His topic was "Mental Health." Mrs. R. Perry reported on the Registry Board. At the close of the meeting refreshments were served by members of the

V.O.N. and the public health nursing services.

Nurses' Hospital Aid

Mrs. J. Morrell, the president, was in the chair at a recent meeting when Mrs. W. McCully reported on the Rolling Dollar. It was then given to Mrs. S. Sinclair. A report from the Local Council of Women was given by Mrs. K. Lamb and from the ways and means committee by Mrs. K. Mayhew. During the meeting a Chinese Auction and Bring and Buy Sale were conducted by Mmes H. Henderson and J. Innes. The Mystery Box was won by Mrs. A. De Bow. Refreshments were served by Mmes Henderson, H. Pollard, M. Perry, and L. Wadman.

Saint John

An interesting panel discussion on Nursing in Mental Health was held under the leadership of Lois Smith at a well attended meeting of Saint John Chapter. F. Saunders, the president, was in the chair. It was learned that the bridge held in February had been a great success. Proceeds from the dance and the bridge will go towards the support of the nurses' registry.

Mildred Walker, senior nursing consultant, Division of Industrial Health, Department of National Health and Welfare, was entertained at tea by the chapter when Jane Stephenson, principal of the General Hospital School of Nursing, presided over the tea table. Miss Saunders welcomed the guests. S. Cobham was convener of arrangements for this enjoyable event. Assisting in serving were: B. Selfridge, M. McKinney, A. Sproul, M. MacKenzie, M. Templeton, K. Christenson, E. Kelly, H. Ryder, Mrs. D. Walker.

The February meeting of the Public Health Section was held in conjunction with the Social Welfare Workers Association of Saint John and took the form of a supper. Dr. J. W. Griffin, director, Canadian Mental Hygiene, was guest speaker, his topic being "Mental Hygiene." About 60 members were present.

Lois Smith, supervisor of mental health nursing, New Brunswick public health nursing service, was guest speaker at a later gathering of the Section. She discussed the role of the public health nurse in relation to her work. E. Henderson was in the chair. M. Parsons was named convener for a rummage sale while A. McIntyre will look after the sending of an overseas parcel to a British nurse. Local news of public health nurses' activities is to be forwarded to the provincial publication by V.O.N. members.

General Hospital

K. Donahue and B. Greene, 1952 graduates, have joined the O.R. staff. M. Todd has left the general duty staff of the O.P.D. and is now with the Western Division of the Montreal General Hospital. J. Dryden has resigned from the obstetrical department to take a course in obstetrical nursing at Margaret Hague Hospital, Jersey City, N.J.

ST. STEPHEN

Charlotte County Hospital

An enjoyable social event was held in March in the Robinson Memorial Nurses' Residence when members of the alumnae association gave a tea in honor of a former superintendent, Arthuretta Branscombe, now of Alberta, who was on a visit to St. Stephen. Miss Branscombe was the first president of the N.B.A.R.N. C. Boyd was in charge of arrangements. Mmes C. Anderson and C. Dinsmore were in attendance at the door and receiving with Miss Branscombe were A. Spinney, alumnae president, and Mrs. R. Bartlett, vice-president. Presiding over the teacups were: Mmes E. Rainnie, E. Hyslop, H. Beek, and W. A. MacVay.

Some 55 guests attended, including several out-of-town graduates: Mrs. (Hetherington) MacIntyre and Estelle Murphy, Saint John; Ruth (Hagerman) Mitchell and Hazel (Fowler) Murray, Woodland; Edris (Thompson) McQuinn, Sussex.

Miss Branscombe was presented with a handwoven afghan and a bouquet of flowers by the alumnae, the presentations being made by Miss Boyd and Mrs. Bartlett. At the close of the afternoon Mrs. E. Casey presided at the piano for informal singing.

NOVA SCOTIA

AMHERST

In February the Amherst members of the Cumberland Branch held a pantry sale, realizing $68. Mrs. N. S. Sanford was convener.

Highland View Hospital

Nine preliminary students received their caps at an impressive candle-lighting ceremony. The caps were pinned on by two senior nurses—E. Butt and S. Stone. Miss Butt, on presentation of the candles, spoke a few words to the new class to which G. Oliver responded. The theme of Rev. W. L. Langille's sermon was "The Qualifications for a Nurse."

HALIFAX

Victoria General Hospital

An informal reception for the members of the 1952 graduating class of the school of nursing was held following a business meeting of the alumnae association. During this session $25 was donated to the Red Cross and $10 to the March of Dimes campaign. Senior members of the alumnae welcomed the student guests. M. Buffett, a member of the 1952 class, was the winner of a bouquet used in the table decorations. Presiding at the table were Mrs. W. Hunt and G. Flick. B. Inglis arranged and directed the musical program.

At a later alumnae meeting, Electa MacLennan, director, Dalhousie University School of Nursing, gave an interesting talk on "The History of Nursing." There were 35 guests present from the Nova Scotia and the Children's hospitals. The president, Mrs. T. Carpenter, introduced the speaker.

ONTARIO

District 1

LONDON

Ethel H. Lane concluded 17 years' service in February on the staff of Westminster Hospital, several years as night matron. Her resignation from the hospital, and also as regent of the Isobel Hampton Chapter, I.O.D.E., here, and from outstanding service with St. John Ambulance Association in London, has come about through her engagement to marry Dr. D. E. Wijewardene, a Cingalese doctor in Colombo, Ceylon. Dr. Wijewardene had met Miss Lane as a student at Cambridge years before.

District 4

ST. CATHARINES

At a meeting of Mack Training School Alumnae Association, Elda Flintoff of Radio Station CKIB spoke on "Women in Radio." At a later gathering, with the president, E. Purton, in the chair, Dr. J. H. Belton, who post-graduated in obstetrics at Cardiff, Wales, spoke on "National Health Services in Great Britain." He gave a vivid picture of the country, buildings, and hospitals in which he was located and the speed and precision with which surgical cases were handled. The National Health Services were started in 1911, the panel system being instituted. In 1948 it was an all-inclusive service. J. Turner was the lucky winner of the draw for a cake.

District 5

TORONTO

The district annual meeting was held in January with M. Tresidder, the chairman, presiding. In her address Miss Tresidder urged members to take responsibility in professional matters; to support the efforts of the R.N.A.O. to place nursing on a sound educational basis; to improve personnel practices; and to aid recruitment. Plans for the Civil Defence course to be available to all nurses were announced.

A folio of reports, given to each member attending the meeting, showed an active year by the committees and chapters. Complete bursaries were granted to five students and partial bursaries to two students to complete their courses. Funds for these came from interested individuals, a number of service clubs, and proceeds from a concert sponsored by the district. Chapter 2 reported that their principal activity last year was the organization of the new District 11. Chapter 1 reported interesting guest speakers at monthly meetings and from proceeds of a rummage sale sent a generous donation to the appeal for the aged sick in England, a project sponsored by District 5.

Mrs. Jan Chamberlain, guest speaker, challenged the group with her stimulating, provocative question "Why Don't You?"

The following officers will serve during the coming months: Chairman, W. Hendrikz; vice-chairmen, M. J. Wilson, L. Fair; secretary-treasurer, Mrs. M. Chisholm. Council-

lors, D. Arnot, M. Agnew, M. Kennedy, B. Seeds, M. A. Wickham, chairman of Chapter One.

The new educational unit of the Toronto Western Hospital was the scene of the March general meeting of the district. Following a brief business discussion, with Miss Hendrikz in the chair, the members were invited to visit the classrooms, laboratories, and offices of the unit.

Dr. R. B. Salter, of the hospital surgical staff, gave an excellent presentation on the purpose and use of the Stryker turning frame. By describing the various stages in the planning of this frame by its designer, Dr. Stryker of Michigan, and illustrating its evolution from the basic Bradford frame to the present complex apparatus, Dr. Salter gave a clear picture of its functions. He illustrated its value in the nursing care of specific injuries of the spinal cord and pelvis, burns, etc. G. Jones presented an excellent display of teamwork in the preparation of the frame and the introduction of its use, both to patient and student. The members of the team included a clinical instructor, general duty nurse, male nursing assistant, and a student.

St. Michael's Hospital

Father McGuire was the guest speaker at the December meeting of the alumnae association when he gave an account of his School for Labor and Management.

V. M. Murphy was convener for the very successful bridge and fashion show held at the Royal York Hotel in November. Proceeds were in aid of the Scholarship Fund. Miss Murphy was assisted in various capacities by the following: M. Hughes, G. Coyle, E. Crocker, M. Brown, K. Meader, L. McGurk, G. Donovan, H. Pinzhoffer, A. Melvanin, B. Smythe, G. Smythe, Mmes T. Rolston, Fletcher, D. McCormack, and I. Dunbar. Assisting with the fashion show were: M. Upper, T. Upper, R. Regan, J. O'Hearne, Mmes B. Brown, E. Brooks, G. McDonald, and W. McCartney. A total of 154 prizes was secured. The proceeds from this event were $665.75.

The capping of the preliminary students took place in January when the speaker was Rev. John Fullerton.

M. VonderVoor is taking a course in obstetrics at the Winnipeg General Hospital. R. McGlashan is matron of the hospital at Neudorf, Sask. C. Bolt is on the staff of the Military Hospital, Shilo, Man. M. Flynn is in charge of the nursery at Columbia Hospital, Washington, D.C. R. Robertson has joined the R.C.A.F. P. Hallworth is now with the Bell Telephone Co.

District 8

Ottawa

Squadron Leader Muriel C. McArthur of Oro Station, Ont., has assumed her duties as matron at the R.C.A.F. Hospital, Rockcliffe Air Station. She took over from Flight Lieut. Doris L. Thompson of Calgary, who is now attached to R.C.A.F. Headquarters.

Civic Hospital

The 23rd annual meeting of the alumnae association was held in January when the following officers were elected: Honorary presidents, G. Bennett, E. Young; president, V. Adair; vice-presidents, L. Patterson, J. Milligan; recording and corresponding secretaries, D. Clark, L. Barry; treasurer and assistant, M. Lamb, W. Gemmell. Committee conveners: Flower, D. Ainger; nominating, L. Gourlay; *Spokes Speak*, Miss Lamb. E. Poitras is *Canadian Nurse* representative.

Elva Hewitt of the Mothercraft Society was guest speaker at the March meeting when her topic was "Childbirth Without Fear." It was voted that the Bursary Loan Fund be launched.

QUEBEC

MONTREAL

Children's Memorial Hospital

The following are appointments to the staff: O.R., Misses Peterson (Denmark), J. Brewer, S. Costigan; O.P.D., Misses Eaves, D. Smith, Mmes Clogg, G. Johnson; junior rotation, H. Arendt, I. Lyons, V. Leduc, W. Blennerhasset, M. MacDonald, C. Broad, B. Laurie. Resignations include: Misses Brock, O'Brien, Pearson, Godwin, Manning, Kerrigan, Mmes Buchanan, Murphy and Cassidy, and Miss Cornelius, the latter to be married. E. (Bauer) Diamond has returned to the staff.

General Hospital

The alumnae association has planned to hold the dinner in honor of the graduation class on May 27 when Dr. I. M. Rabinovitch will be the guest speaker. It is hoped that as many of the alumnae members as possible will be able to attend the dinner for the class of 1952.

M. McGregor and K. Graham, formerly on the staff of the Central Division, are now at the Copper Mine Hospital, Nabobpeep, Cape Province, South Africa.

McGill School for Graduate Nurses

Dr. Marion Lindeburgh, O.B.E., was honored at a March tea given by the alumnae association. Dr. Lindeburgh retired in August, 1951, after 20 years' service as director and associate professor of the School. She will take up residence in Vancouver. (See Nursing Profiles, Oct. 1951.)

Reddy Memorial Hospital

Mrs. R. Wolfson presided at a meeting of the alumnae association when two new members—Mrs. D. Kokoskin and Z. Sternlieb—were welcomed. A letter from the Ladies Auxiliary was read, inviting all nurses to join this newly formed body. A color film—"This is Nylon"—was shown and a brief talk given by Martha Job of Canadian Industries Ltd.

QUEBEC CITY

Jeffery Hale's Hospital

The 31st annual meeting of the alumnae association was held in March with Mrs. L. Teakle, the president, in the chair. Reports of the various committees were read.

The following members will serve during the coming months: President, Mrs. Teakle; vice-presidents, Mmes I. West, A. Seale; secretary, Mrs. J. Pugh; treasurer, A. MacDonald. Additional executive include: Misses

Weary, Walsh, Dawson, Perry, Ford, Richardson, Radley-Walters; Mmes Cormack, Davidson, Pugh, Simons, Kennedy, Nattress, Seale, Myers, Baptist, Travers, Murray, Green.

SASKATCHEWAN

SASKATOON

City Hospital

"Your visit, the first of its kind to this institution, is indicative of the increasing importance placed on psychiatric knowledge in all forms of medical and nursing treatment," said Dr. F. S. Lawson, superintendent, Saskatchewan Hospital, North Battleford, addressing a group of 34 nurses from the City Hospital who toured this mental institution. G. Fitzpatrick, superintendent of nursing, conducted the visiting nurses.

Welcomed by B. Robinson, president, a large number of S.C.H. graduates attended the annual alumnae membership tea. Presiding at the teacups were Mmes M. R. Tait and S. K. Hayward. Mrs. Tait, past president, was presented with roses as a token of appreciation by the alumnae for her services while in office.

The 1953 class of the school of nursing sponsored a tea and bazaar when tasty homebaking and colorful handicrafts appealed to the guests. Receiving during the afternoon were: Mrs. J. E. Armstrong, director of nurses; Miss Berregaard, president, Student Nurses' Association; S. Creed, convener. The musical background was provided by E. Blacklock, D. Westbrooke, and M. Foster. Presiding at the tea-table were: Mmes A. A. Dick, J. Cumming, W. J. Frantz, N. Goluboff, A. A. Scharf, and J. F. C. Anderson. M. Chamard won the door prize.

A formal dance was sponsored by the 1953-A class in February.

St. Paul's Hospital

At the March educational meeting, "Ward Manuals" were distributed. This project was chosen by the graduate nurses who have been attending a course on Ward Administration at the University of Saskatchewan. It is hoped that these ward manuals will be a guide for the entire personnel. St. Paul's Sodality presented a Bean Supper in an Irish setting on St. Patrick's Day, followed by an enjoyable film.

A "Welcome Back" is extended to G. Brkich who has obtained her B.Sc. at St. Louis. Miss Brkich was granted leave of absence to take advantage of the government bursary she was awarded. H. (Molyneaux) Howard, who now resides in Vancouver, paid a visit to the school.

Saskatoon Sanatorium

New staff members include: M. Schwinghammer, M. (Thornton) Beckett, B. Dafoe, I. Davidson, M. Shepherd, M. MacKinnon, G. Chattergoon. S. Gustavson has resigned to join T.C.A. while F. Merinsky has left for Turtleford, Sask.

Room to Let

Large Furnished Room, twin beds, suitable for 2 nurses. Two-storey bungalow type cottage. Country atmosphere. Kitchen facilities, shower, etc. Vicinity Jean Talon & Pie IX Blvd. Apply Mrs. H. Johnson, 7630—23rd Ave., Ville St. Michel, Montreal 38, Que.

Positions Vacant

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Director of Nursing. Building program to increase from 42 to 116 beds. Responsible for in-training program of nurses' aides & hospital personnel. Must have some teaching experience. Degree not prerequisite. Good salary & full maintenance. Apply St. Andrews Hospital, Midland, Ont.

Surgery Nurse for small hospital (22 beds & 6 cribs for newborn) in San Joaquin Valley, Calif. 3,500 pop. Salary: $275 per mo. plus meals. 40-hr. wk. Apply T. Miller, Supt., District Hospital, Corcoran, California.

X-Ray & Laboratory Technician immediately for 50-bed hospital. Salary: $225 plus maintenance. Transportation refunded after 1 yr. service. Apply Nursing Supt., Municipal Hospital, Hanna, Alta.

X-Ray & Laboratory Technician for 27-bed hospital, most modern equipment now being installed. Apply, giving age, experience & salary expected, Centre Grey General Hospital, Markdale, Ont.

Supt. immediately for 27-bed hospital, most modern equipment now being installed. Apply, stating age, experience & salary expected, Centre Grey General Hospital, Markdale, Ont.

Staff Nurses (4) for Sequoia Home, Tulare County Home for Aged. Nurses preferred 45-55 yrs. with administrative ability, especially to direct & work in harmony with aides. C.S.N.A. standards met. For information apply M. Shaffer, R.N., Supt., Box 1347, Visalia, California.

Staff Nurses for Crippled & Convalescent Children's Hospital. Good salary. Opportunity for promotion. May live at hospital if desired. 40-hr. wk. Write for illustrated booklet Rainbow Hospital, Cleveland 21, Ohio.

Registered Nurse for General Duty for 20-bed Isolation Hospital. Salary: $204 per mo. Meals & laundry. 8-hr. duty. 44-hr. wk. Apply Arthur H. Evans, Sec., Board of Health, Port Arthur, Ont.

Registered Nurses for new 20-bed hospital. Salary: $140 plus maintenance. 1 mo. holiday per yr. For further particulars apply Matron, Gatineau Memorial Hospital, Wakefield, Que.

Registered Nurses for General Duty in 90-bed General Hospital in city of 10,000 located 50 miles from St. Paul. Excellent streamliner rail service to St. Paul & Chicago. Beginning salary: $225 plus semi-annual increases of $5.00 for 2 yrs. Additional $10 for night duty & $15 for 3:00-11:00 p.m. shift. 40-hr. wk. 3 wks. vacation with pay after 1 yr. Paid holidays, sick leave & other benefits. Apply Director of Nurses, St. John's Hospital, Red Wing, Minnesota.

CANADIAN RED CROSS SOCIETY

invites applications for Administrative and Staff positions in Hospital, Public Health Nursing Services, and Blood Transfusion Service for various parts of Canada.

- **The majority of opportunities are in Outpost Services in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.**
- **Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances. Bursaries are available for post-graduate study.**

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ontario.

Registered Nurses—General Duty (2): $250 per mo. Surgical (1): $275. 30-bed hospital. City of 12,000 pop. Warm central valley in Calif. Mostly surgical & medical. Apply Mrs. D. Marshall, R.N., Hanford Sanitarium, Inc., Hanford, California.

Registered Nurses for General Duty for 50-bed General Hospital, 100 miles from Toronto. Salary: $145 per mo. plus full maintenance. 45-hr. wk.—rotating shifts. 3 wks. vacation. Apply Supt., Memorial Hospital, Listowel, Ont.

Graduate Nurses for 175-bed Tuberculosis Sanatorium near Prince Rupert. Salary for General Duty, $232 per mo. plus yearly increases. Room, board, laundry at $30 per mo. Transportation refunded on promise of 1 yr. service. Apply airmail, giving full details of experience, Matron, Miller Bay Indian Hospital, Box 1248, Prince Rupert, B.C.

General Duty Nurses for operating rooms; medical, surgical, obstetrical, pedatric & psychiatric divisions. Salary begins at $240 per mo. for 40-hr. wk. on days & $255 per mo. for 40-hr. wk. on nights. Payment for overtime. Scheduled increases for satisfactory performance. Sick leave, 6 holidays & 3 wks. vacation with pay. Retirement plan. Rooms available at reasonable rate. Opportunities for advancement. Limited evening & week-end placement for nurses attending university. For information apply Director, Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

Matron (qualified nurse) to take charge of City of Lethbridge Isolation Hospital, Alta. Hospital is small self-contained 16-bed unit & living accommodation provided on premises. Additional staff consists of a practical nurse & a housekeeper. Salary: $200 per mo. & free board & accommodation. Apply Health Dept., Lethbridge, Alta.

Educational Director for 200-bed General Hospital School of Nursing; approx. 80 students. 8-hr. day, 44-hr. wk. 1 mo. annual vacation. Apply, stating salary requested, Director of Nursing, General Hospital, Brandon, Man.

General Duty Nurses for 200-bed General Hospital. 8-hr. day, 44-hr. wk., rotating shifts. 1 mo. annual vacation. Salary: $160 with increases. Apply Director of Nursing, General Hospital, Brandon, Man.

Public Health Nurses for Greater Montreal Branch of Victorian Order of Nurses. Interesting program of nursing care & health education to families & patient study groups. Stimulating staff education program. Salary: $2,400-3,000 with annual increments. Initial salary based on previous experience. 5-day wk. 4 wks. vacation. Apply District Supt., Victorian Order of Nurses, 1246 Bishop St., Montreal 25, Que.

Asst. Supt. for 100-bed General Hospital. 8-hr. day, 44-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Apply, stating salary expected, qualifications & experience, Supt., Victoria Hospital, Renfrew, Ont.

General Duty Nurses for 250-bed General Hospital. Good nurses' home. Starting salary: $250 per mo. 40-hr. wk. Night, O.B., T.B., & Isolation duty $10 extra. Passport necessary. Apply Director of Nurses, County General Hospital, Box 231, Merced, California.

Graduate Nurses for General Duty on Medical, Surgical & Obstetrical floors in 113-bed hospital, located near Chicago. Starting salary: $255 with afternoon bonus $30 & night bonus $20. Apply Personnel Director, Highland Park Hospital, Highland Park, Illinois.

Instructor for School of Nursing of 138-bed hospital, affiliated with Montreal hospitals. Affiliating hospitals are the teaching schools associated with McGill University. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Asst. Supervisor of Operating Room—experience & post-graduate study necessary. Beginning salary dependent on experience & references. Annual increments, vacation & sick time on salary. **General Duty Nurses.** Basic beginning salary: $147.50 plus 2 meals & laundry. 8-hr. day, straight shift. Evening & night duty differential. Vacation & sick time on salary. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Supt. for 25-bed General Hospital by June 1. Pleasant working & living conditions. Apply, stating qualifications & salary expected, Supt., Louise Marshall Hospital, Mount Forest, Ont.

Matron (Graduate Nurse) immediately. Salary: $225 per mo. all found. Also **General Duty Nurse** (1) at $200 per mo. Comfortable nurses' residence with all conveniences. Apply Sec., Municipal Hospital, Frontier, Sask.

Matron immediately for 31-bed hospital. Day work only. Knowledge of O.R. & X-ray necessary. Comfortable living accommodation. Good salary plus full maintenance. 3 wks. vacation after 1 yr. service. Apply Mr. P. C. Sinclair, Sec.-Treas., Little Long Lac Mine, Geraldton, Ont.

Nursing Arts Instructor. Experienced in bedside nursing & ward administration with post-graduate course in teaching & supervision. 5-day wk. 8-hr. day. 1 mo. annual vacation. Pension fund. Apply, stating age, qualifications, experience & salary expected, Director of Nurses, General Hospital, Calgary, Alta.

Science Instructor for 105-bed hospital. State experience & salary expected. **Nursing Arts Instructor** with experience in bedside nursing prior to post-graduate course in instruction. Apply Director of Nursing, General Hospital, Galt, Ont.

Anesthetist-Nurse for 200-bed fully approved hospital. Salary: $350 per mo. Maintenance optional. Vacation, sick leave, insurance. Apply Director, Franklin Square Hospital, Baltimore 23, Maryland.

General Duty Nurses for all services, including operating room. Fully approved General Hospital. 44-hr. wk. day duty; 40-hr. wk. 3-11 & 11-7 shifts with differential of $10 per mo. Apply Director of Nurses, Franklin Square Hospital, Baltimore 23, Maryland.

Asst. Director of Nurses with B.S. degree in Nursing Education. Experience in nursing supervision or administration preferred. Salary open. 44-hr. wk. with 4 wks. vacation after 1 yr. employment. 7 paid holidays. Sick leave, social security & free life insurance coverage. Apply Director of Nurses, Franklin Square Hospital, Baltimore 23, Maryland.

Public Health Nurses (4) for Sept. 1 to increase staff to 14. Semi-urban community; pop. 85,000. Salary adjusted to qualifications. Pension plan. 35-hr. wk. 4 wks. paid holidays. Group insurance. Blue Cross Plan. Cumulative sick leave. Liberal automobile allowance. Apply before *June 30* to Dr. Carl E. Hill, M.O.H., Township of North York, 5248 Yonge St., Willowdale, Ont.

Registered Nurses for Sunnybrook & Westminster Hospitals, Toronto & London, Ont. Salary: $2,300-2,930. Information & application forms available at Post Offices. The latter should be filed with Civil Service Commission of Canada, 1200 Bay St., Toronto 5, Ont., as soon as possible.

General Duty Nurses for 32-bed hospital. Rotating shifts. 3 wks. vacation annually. 12 days sick leave. Located on Highway 31, 30 miles south of Ottawa & 18 miles north of Highway 2. Good bus connections. Apply Supt., District Memorial Hospital, Winchester, Ont.

General Duty Nurses for all shifts. Salary scales: $265-305. $10 extra for p.m. or nights. Housing available. Meals provided while on duty. Vacation, sick leave, holidays & hospital benefits included in personnel plan. Send complete personal, educational & work history in letter or write for application forms West Side Hospital District, 110 E. North St., Taft, California.

Operating Room Supervisor. Salary: $210 per mo. gross. **Nursing Arts Instructor.** Salary: $210 gross. **Science Instructor.** Salary: $210 gross. **Night Supervisor.** Salary: $210 gross. **Asst. Night Supervisor.** Salary: $190 gross. **Laboratory Technician.** Salary: $170-180 gross. **General Duty Nurses.** Salary: $165-175 gross depending on experience. 44-hr. wk. 2½ days holiday per mo. Half day on statutory holidays. 1½ days per mo. sick time cumulative to 30 days. Charge of $30 per mo. made for board & room. Apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Nursing Arts Instructor; Clinical Instructor for Operating Room. 450-bed General Hospital. 150 students. Apply Director of Nursing, General Hospital, Saint John, N.B.

Science Instructor for Sept. 1. Full maintenance. Ideal living conditions. Apply Miss C. MacCullie, Director of Nurses, General Hospital, Woodstock, Ont.

Dietitian (experienced) & **Registered Nurses for General Duty** for Royal Inland Hospital, Kamloops, B.C. 200 beds. 45 students. Apply Director of Nursing.

Instructors (2), Operating Room Supervisor (1), Obstetrical Supervisor (1), Staff Nurses (2) between March & Aug. for 100-bed hospital, 40 miles northeast of Edmonton. Salary at prevailing schedule, Cost of Living Bonus, 5% increase every 6 mos. 1 mo. holiday at end of 1 yr. service. 8-hr. day—1½ days off per wk. 1 long week-end ea. mo. Time allowed for statutory holidays. Apply Supt. of Nurses, Archer Memorial Hospital, Lamont, Alta.

Clinical Supervisor for Obstetrical Dept. (1) & Instructor in Basic Sciences (1). Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

Instructor of Nurses for Training School of 40 students. **Nursery Supervisor** for new Obstetrical Wing; **General Duty Nurses.** Apply Supt., Soldiers' Memorial Hospital, Orillia, Ont.

Senior Science Instructor (1) & Instructor of Nursing Arts (1) for Aug. 1. Good personnel policies including pension fund. Apply, stating age, qualifications & experience, Director of Nursing, Civic Hospital, Ottawa, Ont.

Director of Nurse Education for 320-bed Sanatorium for Tuberculosis. Starting salary: $235 per mo. gross. Increase after 6 mos. 44-hr. wk. 3 wks. annual vacation. Pension Plan. Group Insurance. Blue Cross Hospital Plan. For further information apply Director of Nurses, Fort William Sanatorium, Fort William, Ont.

Science Instructor (1) & Nursing Arts Instructor (1) for Aug. 1. New hospital to be completed next Fall. Salaries open. Apply Supt., Charlotte County Hospital, St. Stephen, N.B.

Science Instructor & Clinical Supervisor for fall term. 120-bed hospital. 35 students. Salary open. Complete maintenance in comfortable suite. **Operating Room Nurse & General Staff Nurses** also. Apply Director of Nurses, Jeffery Hale's Hospital, Quebec City, Que.

Nursing Arts Instructor (position open now) & **Science Instructor** (position open Aug. 1) for 1,450-bed active treatment Mental Hospital conducting accredited School of Nursing. Gross minimum salary, including Cost of Living Bonus: $250 per mo. plus excellent holiday, sick leave & pension programs. Apply, stating qualifications & experience, Supt. of Nurses Provincial Mental Hospital, Ponoka, Alta.

Nursing Arts Instructor—nurse experienced in bedside nursing & ward administration with post-graduate course in teaching & supervision. Initial gross salary: $101 bi-weekly plus Cost of Living Bonus. **Clinical Instructors (3):** (a) preclinical students (b) medical (c) surgical. Initial gross salary: $101 bi-weekly plus Cost of Living Bonus. **Experienced Administrator** as Asst. in School of Nursing Office. Initial gross salary: $101 bi-weekly plus Cost of Living Bonus. **Instructor in Dietetics for Nurses**—Classroom, Dietetic Laboratories, Wards. Initial gross salary: $93 bi-weekly plus Cost of Living Bonus. For other perquisites—vacation, illness, pension, etc. & further information—apply Supt. of Nurses, General Hospital, Hamilton, Ont.

Registered Nurses for General Duty for small General Hospital. Salary: $140 per mo. with full maintenance. 6-day wk. 8-hr. duty, rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross paid. 10 days sick leave per yr. 6 statutory holidays. 28 days holiday. Apply Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

Airline Stewardesses. Airline Co. has openings for stewardesses with following qualifications: Must be Registered Nurse; single; age 22-26; height 5'3"-5'7"; weight 110-125; good eyesight without aid of glasses. Salary range: $200-310 per mo. Apply, furnishing full details & enclosing recent full-length snapshot, Canadian Pacific Airlines, International Airport, Vancouver, B.C.

Registered Nurses & Licensed Practical Nurses for hospitals & fully modern outpost nursing stations. Beginning salaries—Registered Nurses: $2,300-2,720. Licensed Practical Nurses with 2 yrs. experience: $1,740-2,040. 44-hr. wk. 3 wks. leave with pay annually. Apply Indian Health Services, 522 Dominion Public Bldg., Winnipeg, Man. *Phone 927-100.*

Public Health Nurses (qualified) by Dept. of Public Health, City of Toronto, for generalized public health nursing service. Salary: $2,974 with yearly increases to $3,391 per annum. 5-day wk. Sick leave & Pension Plan benefits. Apply Dept. of Personnel, Rm. 320, City Hall, Toronto, Ont.

Registered Nurse as Asst. in Operating Room of 82-bed hospital with up-to-date equipment. Post-graduate preferred or equivalent experience in general surgery necessary. Opportunity for promotion to Supervisor in June. 30 days vacation. 12 days sick leave after 1 yr. All statutory holidays. Salary for Asst.: $185-210. For Supervisor: $195-220. (This is not a training school for student nurses.) Apply Supt. of Nurses, Union Hospital, Canora, Sask.

Registered Nurses (2) for new, well-equipped 82-bed hospital. Salary: $180 gross. 8-hr. day, 6-day wk. 1 mo. vacation. 12 days sick leave with pay after 1 yr. All statutory holidays. Private room in good residence. Wire or phone collect Supt. of Nurses, Union Hospital, Canora, Sask.

Vancouver General Hospital invites immediate inquiries from **Graduate Nurses** for Staff Vacancies. Salaries: $222 as minimum & $258 as maximum per mo. plus shift differentials for evening & night duty. Employee benefits include: 44-hr. wk; 11 public holidays; 4 wks. vacation; 1½ days per mo. cumulative sick leave; pension plan if under 35. Acceptable qualifications for registration in B.C. necessary. Apply Director of Nursing, General Hospital, Vancouver 9, B.C.

Graduate Nurses for completely modern West Coast hospital. Salary: $210 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

General Duty Nurses. Salary: $173.23 (one hundred seventy-three dollars & twenty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. **Operating Room Supervisor.** Salary: $201.30 per mo. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Registered Nurses (3) — 2 for General Duty & 1 with P.G. or Operating Room experience for 30-bed hospital at Dryden, Northwestern Ont., the heart of a tourist's paradise. Salary: $160 per mo. plus full maintenance. Salaries subject to annual increase. 1 mo. vacation after 1 yr. service. Successful applicants reimbursed rail fare on completion of 1 yr. service. Apply, stating when available, Mr. Fred Taylor, Box 526, Dryden, Ont.

Public Health Nurses. Due to recent annexation of additional area to city, public health nurses are required for generalized program with City of Kingston. Minimum salary: $2,200 with allowance for experience. Annual increment of $100. Cumulative sick leave. Pension plan & Blue Cross Hospital Plan available if desired. Cars supplied for transportation while on duty. Apply Mr. T. J. McKibbin, Sec., Board of Health, City Hall, Kingston, Ont.

General Duty Nurses for small General Hospital, 85 miles from Toronto. Salary: $155 per mo. plus full maintenance. Also **Nursing Asst.** Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

Registered Nurses (2). Salary: $13 per 8-hr. day plus one meal. Apply Supt., W. J. Harrington, Harworth Hospital, 531 E. Grand Blvd., Detroit 7, Mich. (*Phone WAlnut 3-7319*)

Graduate Nurses for 80-bed General Hospital. Positions open all services. General Duty, $215 per mo.; $10 extra for evenings, nights & relief. Scrub Nurses, $225; $2.50 per call case. 6-mo. increases for 18 mos., merit thereafter. Maintenance available. 24 days paid vacation the 1st yr., 32 days thereafter. 1 day per mo. sick leave, cumulative to 45 days. 44-hr. wk. Apply Director of Nursing, Mahaska Hospital, Oskaloosa, Iowa.

General Duty Nurses for 430-bed hospital. 44-hr. wk. 11 statutory holidays. Salary: $215-253. Credit for past experience. Annual increments. Cumulative sick leave. 28 days annual vacation. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for Surgical Unit handling thoracic & orthopedic surgery. For further information apply Director of Nursing, Fort William Sanatorium, Fort William, Ont.

Public Health Nurses for generalized program with City Health Dept. Salary: $2,400-3,000. Annual increment, $100. Sick leave plan. 4 wks. vacation. Pension plan & Blue Cross available. Transportation provided. Apply Dr. A. F. Mackay, M.O.H., 65 Simcoe St. S., Oshawa, Ont.

Nurse for modern 24-bed hospital with modern nurses' home. Starting salary: $165 per mo. with full maintenance. Usual raises. Vacations with pay & sick leave, etc. Apply Matron, Union Hospital, Vanguard, Sask.

General Duty Nurses (2) for 40-bed hospital. 44-hr. wk. 28 days annual vacation plus 10 statutory holidays. Annual increases & sick leave. Commencing salary: $200 plus $10 per mo. bonus. Full maintenance, $45 per mo. Apply Administrator, General Hospital, Princeton, B.C.

Registered Nurses for St. Joseph Hospital, Mt. Clemens, Michigan. 25 miles north of Detroit, near Selfridge Air Force Base. Optional 40- or 44-hr. wk. **Staff Nurses:** $11 day duty; $12 afternoon or night duty. State Standards. Apply Director of Nursing Service.

General Staff Nurses for 250-bed hospital. Salary: $2,340 per annum. 45-hr. wk. 30 days holiday after 1 yr. service. Railway fare up to $50 refunded at end of 1 yr. **Nursing Arts Instructor, Science Instructor, Clinical Instructor**—with university post-graduate certificates. Salary: $2,760 per annum. For further information apply Director of Nursing, General Hospital, Port Arthur, Ont.

General Duty Nurses urgently needed for R.W. Large Memorial Hospital of United Church of Canada at Bella Bella, 300 miles north of Vancouver on the B.C. coast. Salary: $210 per mo. less $40 for board, room, laundry of uniforms. 2 annual increments of $5.00 per mo. Sick time, 1½ days cumulative. 1 mo. annual holiday plus 10 days in lieu of statutory holidays. Transportation to Bella Bella refunded after 1 yr. service. Apply to Matron.

General Duty Nurses for 680-bed General Hospital with School of Nursing. Beginning salary: $255 with $10 additional for special increases, p.m. & night shifts. $13 increase after 6 mos.; $14 additional increase 1 yr. after 1st increase. 40-hr. wk. 11 paid holidays. 3 wks. vacation. Free laundry. Cumulative sick leave. Full maintenance if desired at $45 per mo. Apply Director, Nursing Service, General Hospital, Fresno, California.

General Duty Nurses (2) for 60-bed hospital. Salary: $150 per mo. with 3 annual increments of $5.00. 48-hr. wk. Straight 8-hr. duty. $5.00 extra for evening & night duties. Full maintenance. 4 wks. vacation at end of 1 yr. service. Apply Alexandra Marine & General Hospital, Goderich, Ont.

Registered Nurses (2) for General Duty for 35-bed active General Hospital, 50 miles from Toronto. Salary: $178 gross. 3 wks. vacation. 48-hr. wk., rotating shifts. Apply Supt., Lord Dufferin Hospital, Orangeville, Ont.

Registered Nurses for General Duty Staff. Salary commences at £37-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

General Staff Nurses for 60-bed Pediatric-Orthopedic Hospital. For information apply Director, Shriners' Hospitals for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

Graduate Nurses for General Duty in 200-bed hospital in Niagara Peninsula. Salary: Days $140; evenings $150; nights $145, plus full maintenance in attractive residence. 48-hr. wk., no broken shifts. 21 days vacation plus 8 statutory holidays. Train fare refunded at completion of 1 yr. service. Increments & cumulative sick leave. Apply Director of Nursing, County General Hospital, Welland, Ont.

Registered Nurses for General Staff for Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, Smiths Falls, St. Thomas, Toronto, Whitby, Woodstock. Gross salary: $2,260 per annum with maximum salary of $2,660, less perquisites ($26.50 for room, board, laundry). Cumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

General Duty Nurses for Operating Room, Pediatrics & Surgical & Medical Nursing. For information & personnel policies apply Director of Nursing, Victoria Hospital, London, Ont.

Graduate Nurse for General Duty by June 1. Starting salary: $200 per mo. with annual increments of $5.00 per mo. Full maintenance $40. Statutory holidays paid. 28 days holiday after 1 yr. service. Usual sick leave. Apply Miss A. Naomi Pow, Supt. of Nurses, Slocan Community Hospital, New Denver, B.C.

Graduate Floor Duty Nurses for Mt. Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $79 plus Cost of Living Bonus. For other perquisites & further information write Supt.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $79 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites & further information write C. E. Brewster, Supt. of Nurses.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Nursing Arts Instructor. Nurse experienced in bedside nursing & ward administration with post-graduate course in Teaching & Supervision. Salary commensurate with experience. Starting minimum: $225. **Clinical Instructors**—Surgical, Obstetrical, Pediatrics. Nurses experienced in bedside nursing with p.g. course in Clinical Supervision. Apply Miss S. Davidson, Director of Nurses, McKellar General Hospital, Fort William, Ont.

Nursing Arts Instructor (preferably with experience) for General Hospital, Belleville, Ont., by Aug. 21. For information apply Director of Nursing.

Instructor of Nursing Arts & Surgical Supervisor—with university post-graduate certificates—for 120-bed hospital in Georgian Bay District. Good working conditions. Apply Director of Nursing, General & Marine Hospital, Owen Sound, Ont.

Matron for 24-bed hospital. Modern nurses' home. 44-hr. wk. Full maintenance. 11 statutory holidays. 3 wks. holidays with pay after 1 yr. service. Modern 14-bed addition to be built soon, including new operating room & x-ray dept. Apply, stating experience & salary expected, Sec., Municipal Hospital, Provost, Alta.

Graduate Nurses for 24-bed hospital. Modern nurses' home. 44-hr. wk. Full maintenance. 11 statutory holidays. 3 wks. holidays after 1 yr. service. Starting salary: $160 per mo. with $10 increase after 1 yr. service. Modern 14-bed addition to be built soon. Apply Matron, Municipal Hospital, Provost, Alta.

Opportunity for **Registered Nurse** to earn an excellent salary & save up to $1,500 in 1 yr. Position of **Ward Supervisor** now vacant at Clearwater Lake Sanatorium near The Pas, Man. Responsible & interesting duties. Up-to-date equipment, comfortable living quarters, group insurance. 44-hr. wk. Generous annual vacation with pay plus 11 statutory holidays. Retirement annuity plan if desired. For full particulars apply Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Man.

Resident Nurse by Sept. for King's Hall—Boarding School for Girls. Strictly residential, situated in Village of Compton, 12 miles from Sherbrooke & 100 from Montreal. Good bus & train service. Modern & comfortable building. Holidays: 4 wks. at Christmas, 2 wks. at Easter & almost 3 mos. in summer. Salary: $1,500 per yr. with full maintenance. Apply Miss A. Gillard, King's Hall, Compton, Que.

Nurse with Delivery Room experience. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Operating Room Supervisor—must be able to direct busy O.R. in 500-bed voluntary hospital. Capable leader, administrator & teacher. Post-graduate work required. Salary open—minimum: $325 per mo. Also **Graduate Nurses** for O.R. & General Duty. Salary approx.: $225-245 per mo. depending on experience & qualifications. Regular increase every 6 mos. 40-hr. wk. Compensation for overtime. 8 holidays. 12 days sick leave & 4 wks. vacation per yr. Opportunities for advancement. Comfortable housing & meals available at very low cost. Easy accessibility to New York City & universities. Apply Director of Nursing, Beth Israel Hospital, 201 Lyons Ave., Newark 8, New Jersey.

Public Health Nurse for generalized program in East York-Leaside Health Unit in suburban Toronto. Salary range: $2,700-3,700 with allowance for experience. Additional $100 for degree or a 2nd certificate in public health nursing. Annual increment $200. 5-day wk. Apply Sec.-Treas., East York-Leaside Health Unit, Coxwell & Mortimer Aves., Toronto 6, Ont.

General Duty Nurses for 90-bed hospital in B.C.'s Cariboo District. Salary: $210 less $45 maintenance in comfortable nurses' home. Fare refunded after 6 mos. service. 44-hr. wk. 28 days holiday after 1 yr. service. Proportionate holidays after 6 mos. All statutory holidays. Progressive town offers wide variety of winter & summer sports. Twice daily plane service to Vancouver. For further information apply Miss G. Gowans, Director of Nursing, Prince George & District Hospital, Prince George, B.C.

General Staff Nurses for Depts. of Obstetrics, Medicine & Surgery. Good personnel policies. Hospital connected with large clinic & also has new surgical & medical unit. Apply Director of Nurses, Bismarck Hospital, 6th & Thayer, Bismarck, North Dakota.

Science Instructor, Nursing Arts Instructor, Maternity Supervisor, Night Supervisor & Clinical Instructors for School of Nursing with 200 students. Salaries in accordance with Sask. Reg. Nurses' Ass'n recommendations depending on experience & qualifications. For information regarding additional requisites apply Director of Nursing, City Hospital, Saskatoon, Sask.

Science Instructor—university post-graduate or degree—to teach basic sciences. **Clinical Supervisor, Pediatric Dept.**—hospital or university post-graduate. 368-bed hospital. Good personnel policies. Apply, stating age, qualifications & experience, Director of Nursing, Misericordia Hospital, Edmonton, Alta.

Graduate Nurse for General Duty for new hospital. 7½-hr. day, 6-day wk. 4 wks. vacation & 2 wks. sick leave after 1 yr. Salary: $140 per mo. with full maintenance in nurses' residence. Apply Supt., Niagara Cottage Hospital, Niagara-on-the-Lake, Ont.

Registered Nurses for 74-bed General Hospital. 44-hr. wk., rotated shifts. 1 mo. vacation. Gross salary: $177.50 plus laundering of uniforms. $5.00 increases after 3 mos., 9 mos. & 21 mos. later. Residence accommodation available at $15 per mo. Meals available at hospital—30c. per meal. Apply Supt. of Nurses, General Hospital, Portage la Prairie, Man.

Matron & General Duty Nurses (2) for modern, well equipped 22-bed hospital. Salaries up to $225 & $160 plus maintenance, according to qualifications. Apply L. I. Thorson, Sec., Union Hospital, Leader, Sask.

Public Health Nurses for Township of Etobicoke staff. Minimum salary: $2,642. Allowance for previous experience. Transportation allowance. Apply Medical Officer of Health, Township of Etobicoke, Municipal Bldg., 4946 Dundas St. W., Toronto 18, Ont.

Public Health Nurses (qualified) for Peel County Health Unit near Toronto. Generalized program. Salary schedule: $2,400-3,000 per yr. Liberal car allowance. For full information apply Dr. D. G. H. MacDonald, Director, Peel County Health Unit, Court House, Brampton, Ont.